Ministry of Health

Ontario

Larry Grossman, Minister

Survey of Non-Institutionalized Physically Handicapped Persons in Ontario

Socio-Demographic and Need-Related Characteristics

July, 1982

SURVEY OF NON-INSTITUTIONALIZED PHYSICALLY HANDICAPPED PERSONS IN ONTARIO

Socio-Demographic and Need-Related Characteristics

EXECUTIVE SUMMARY

The survey attempted to find out how many physically handicapped people were living outside institutions, their characteristics and needs.

The report indicates that, on average, there is one physically handicapped person for every five households in Ontario (expressed as 0.19 handicapped persons per dwelling).

The survey population was stratified through five planning regions with further subdivisions of five population densities. Data were collected in three stages. The field work took place between March and September, 1980.

Of the 15,948 dwellings selected initially, 12,764 (80 per cent) responded to a mail questionnaire or telephone interview. From those responses, 2,423 physically handicapped persons were identified and 1,764 (73 per cent) were interviewed.

The interviews covered two main areas:

1) Socio-demographic characteristics – age, sex, language, birthplace, marital status, relationship to head of household, family size, education, income and occupational status.

2) Physical problems including functional limitations, and need-related characteristics – activities of daily living, mobility and transportation, housing, recreation, impact of the handicap on family, employment and job training, extra costs attributable to the handicap, wants and expectations.

The responses from the 1,764 persons interviewed provided the data on which this report is based.

The principal findings of the survey are presented in six exhibits and 69 tables. Criteria were developed to ensure that the tables produced could be a basis for factually-based discussions between the voluntary and government agencies responsible for planning and funding programs for physically handicapped people.

Details of the survey methods and limitations of the data are discussed. Copies of the instruments used in the survey are included in appendices to this report.

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INTRODUCTION

Background

Research was contracted for this survey in response to requests from several interest groups concerned with physically handicapped people.

The object of the study was to provide reliable and current data on the number of physically handicapped in the province. Further, the study was to determine the nature, degree and cause of their handicaps and how they coped. The statistical data were intended for use in planning and program development by volunteer agencies and government departments.

Guidance

A steering committee developed the study's terms of reference and guided the research. The committee was composed of representatives from the Ministries of Health, Labour and Community and Social Services, the Provincial Secretariat for Social Development, and four voluntary agencies for the physically handicapped. (Membership list follows).

Funding

The Ministry of Health of the Province of Ontario funded the Survey of Non-Institutionalized Physically Handicapped Persons in Ontario as well as four background studies and two minor surveys. It was decided to publish the findings of the Survey of Non-Institutionalized Physically Handicapped Persons (known as the Household Survey) because the data were valuable in highlighting the variation and range of characteristics of the physically handicapped in Ontario.

Contractors

The studies were conducted, under contract, by Boston, Gilbert, Henry Associates, with J.W. Gilbert (now of J.W. Gilbert Associates) as project director. Stephen Levy Research Associates (now Levy-Coughlin Partnership Ltd.) and Market Perspectives were sub-contractors.

Technical advice

Dr. L.W. Chambers of the Department of Clinical Epidemiology and Biostatistics at McMaster University provided technical advice during the production of this report.

Expected users

The reports and data file are expected to be used by government agencies at all levels, planning agencies, volunteer agencies relating to the handicapped, contract research firms, researchers and students.

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I. Objectives of the Survey of Non-Institutionalized Physically Handicapped Persons in Ontario

(i) *Information Needs*

The Survey of Non-institutionalized Physically Handicapped Persons in Ontario (Household Survey) was designed to provide better information about the socio-demographic and need-related characteristics of physically handicapped people. Both voluntary agencies and government planners had indicated the need for more information about physically handicapped people in order to plan and evaluate programs aimed at this group. The Household Survey's purpose was to fill the gap in information about physically handicapped people who were not in institutions.

(ii) *Definition of Handicapped*

In preparation for the Household Survey, a literature review, focus groups sessions, and delphi survey sought to arrive at a conceptual definition of the terms "impairment," "disability," and "handicap." (See Section II, subsection (vi) Other Related Studies and Surveys) However, in order to conduct the survey, an operational definition of the term "handicapped" was needed. A sample of households throughout the province was selected and a member of each household was requested to complete and return a mailed questionnaire. This "Physical and Health Problems in the Household" questionnaire (see Appendix i) asked the respondent to report any individuals in the household with the listed problems. The "physical and health problems" listed in the questionnaire were:

- someone requires special transportation services or modifications to a car or van to get about,
- someone is blind or has serious difficulty seeing even with glasses,
- someone cannot speak or has serious difficulty speaking,
- someone is deaf or has serious hearing problems,
- someone does not have full use of a leg, arm, hand or foot, or wears an artificial limb, brace or other assisting device,
- someone uses a wheelchair, cane, walker or other aid to get about,
- someone needs the assistance of another person in getting about outside or moving around inside,
- someone cannot stand or has difficulty with balance,
- someone cannot walk up or down stairs,
- someone has to stay in bed all or most of the day,
- someone has severe pain from a condition which has existed for a long time or is expected to last for some time,
- someone is unable to work at all or to work regularly,
- someone is receiving rehabilitation treatment,
- someone requires special schooling programs,
- someone has to stay indoors most or all of the time,
- someone is limited in recreational or sport activities,
- someone requires a lot of extra care,
- someone receives medicine or medical treatment on a regular basis to control a condition which could be disabling, such as diabetes, epilepsy, kidney or heart disease, etc.

If at least *one* person in the household, had at least *one* of these physical or health problems, the household was telephoned in order to exclude: (1) people who were four years of age or less, and (2) people whose physical or health problems could be attributed to emotional or mental problems, senility or mental retardation.

The households with persons not excluded on the telephone for the above reasons, and who had one or more of the "physical and health problems", were considered to be households with "handicapped" persons. The Household Survey, therefore, includes only interviews completed with these "handicapped" persons.

(iii) *Organization of this report*

The findings of this report are presented in tables according to the socio-demographic and need-related characteristics of the non-institutionalized physically handicapped. The socio-demographic characteristics are presented first. These include age, sex, language, birthplace, marital status, relationship to head of household, family size, education, income and occupational status. The next section describes the nature of physical problems and functional limitations. Need-related characteristics are described last. This section focuses on activities of daily living, mobility and transportation, housing, recreation, impact of the handicap on the family, employment and job training, extra costs related to the handicap, wants and expectations.

This report on the findings of the Household Survey of physically handicapped persons presents the basic results and indicates the potential in the data base. Further analyses can be conducted on the computer tape file.

II. Survey Methods, Sample Design, Data Limitations and Related Studies

(i) *Coverage*

The Household Survey of physically handicapped persons covers non-institutionalized people in Ontario, excluding children four years and under as well as people whose "physical or health problems" could be attributed to emotional or mental problems, senility or mental retardation. The survey field work took place between March and September, 1980. This report is based on data collected for the Household Survey during this period.

(ii) *Data Items and Data Collection*

Locating non-institutionalized handicapped people was difficult, and required the use of three separate contacts with the households in the sample. First, one person in all sampled households was mailed a "Physical and Health Problems in the Household" questionnaire. If this were not returned in two weeks, a reminder postcard was sent. If no reply were received after a further two weeks, a personal letter was mailed, signed by the Minister of Health. He asked the respondent to complete and return an enclosed "Physical and Health Problems in the Household" questionnaire. (See Appendix i).

In the second stage, households listing one or more people with "physical and health problems", in response to the mail questionnaire, and households not responding to the mail questionnaire, were contacted by telephone, with up to five callbacks. Persons who did not return the mail questionnaire were administered the questionnaire over the phone. The phone interview was used to obtain names and ages of handicapped people for easy identification by the face-to-face interviewer, and also to apply the exclusion criteria. In addition permission to conduct the face-to-face interview was sought. (Instructions and Data Sheets for the telephone interviews are in Appendix ii).

Third, confirmed physically-handicapped people were visited at their home by an interviewer who conducted the socio-demographic and need-related interview questionnaire (See Appendix iii for a copy of the "Ontario Health Survey of Special Populations" questionnaire and Appendix iv for Interviewer Instructions and Coding Directions).

Exhibit 1 (page 6) summarizes the three contacts and the data items collected. Each contact is associated with the form or data collection instrument used.

Twenty-five interviewers, residing in 13 cities across the province, conducted the personal interviews. More than 90 percent of the interviewers had experience working with handicapped people, either professionally or through volunteer work. Some of the interviewers were social workers, nurses or teachers.

All interviewers received an intensive two-day training course in Toronto. The course covered survey design, definitions to be used in the socio-demographic and need-related interview questionnaire, questionnaire content and interpretation, and interview role-playing. Each interviewer conducted an interview, which was critiqued as part of the training course. The first 10 to 15 interviews conducted in the field by each interviewer were individually edited and verified by the field co-ordinator. Problems were then discussed. Ten percent of the respondents were called back, re-interviewed and the responses verified with the original interviews. Coding on all interviews was checked.

(iii) *Sample Design*

The geographic area used in the Household Survey was the Province of Ontario. It was stratified initially by regions:

- *Central* – Durham, Haliburton, Metro Toronto, Muskoka, Northumberland, Peel, Peterborough, Simcoe, Victoria and York,
- *Central West* – Brant, Dufferin, Haldimand-Norfolk, Halton, Hamilton-Wentworth, Niagara, Waterloo, and Wellington,
- *South West* – Bruce, Elgin, Essex, Grey, Huron, Kent, Lambton, Middlesex, Oxford and Perth,
- *North* – Algoma, Cochrane, Kenora, Manitoulin, Nipissing, Parry Sound, Rainy River, Sudbury, Thunder Bay and Timiskaming,
- *East* – Dundas, Frontenac, Glengarry, Grenville, Hastings, Lanark, Leeds, Lennox & Addington, Ottawa-Carleton, Prescott, Prince Edward, Renfrew, Russel and Stormont.

Each region was further stratified according to five population density levels:

- 500,000 or more,
- 115,000 – 499,999,
- 20,000 – 114,999,
- 5,000 – 19,999, and
- less than 5,000.

Communities (or population centres) were selected within regional and population-density strata, according to the number of communities in the stratum. This resulted in the following communities with populations of 115,000 or more being included: Toronto, Hamilton, Niagara Region, Kitchener-Waterloo, London, Windsor and Ottawa.

When there were more than three communities with populations less than 115,000, communities were randomly selected for inclusion in the survey. The selections were made without replacement, and at each stage the probability of selection was proportional to municipality size. A minimum of at least two communities were selected in each stratum. In the North/rural (less than 5,000 population) stratum, only one community was included because of the high cost of interviewing in the rural north.

EXHIBIT 1

Sequence Of Activities And Contacts During The Household Survey Of Non-Institutionalized Physically Handicapped Persons In Ontario

	Activity	*Data Collection Instrument*	*Data*
	Draw Sample of Households		
First Contact	Questionnaire Mailed to Households	"Physical and Health Problems" Mail Questionnaire (See Appendix i)	Partial Identification of the "Handicapped" Sub-population in the Sample
Second Contact	(a) Telephone Nonresponders to Administer Questionnaire (b) Telephone Responders with One or More "Physical or Health" Problems	Instructions to Telephone Interviewers and Respondent Log Sheets (See Appendix ii)	Final Identification of "Handicapped" Sub-Population in the Sample, Satisfying Inclusion and Exclusion Criteria
Third Contact	Face-to-Face Interview in Home of Handicapped Person	"Ontario Health Survey of Special Populations" Questionnaire (See Appendix iii)	Socio-Demographic, Disability and Need Related Characteristics of the Handicapped

Once the initial mail contact portion of the survey had been completed, the Metro Toronto response was observed to be relatively lower than other strata. An additional sample of 20 per cent of dwellings in this stratum was used to compensate for the initially low response.

Municipal post-enumeration tapes, which contain basically the same information as the municipal assessment roles, were used to select a sample of dwellings in the communities of each stratum. The head of each dwelling was identified on the computer tape and was sent the mail questionnaire. Selection of dwellings was not truly random because approximately 0.5 per cent of heads of dwellings were duplicated on the computer tapes. Some questionnaires were returned incomplete because the person identified no longer lived in the dwelling. Some were re-directed to the new address and completed. Among those dwellings where people had moved, a 10 per cent sample was surveyed at their new address with a telephone interview.

Exhibit 2 (page 7) shows the pattern of response achieved in surveying dwellings, then physically handicapped people in the dwellings. The top part of this figure indicates responses to the mail and telephone contacts for dwellings; the lower part reports on responses when attempts were made to interview persons defined as handicapped. The number of dwellings and handicapped persons in the "no response" categories are included in the figure. The ratio of the number of handicapped persons per dwelling was 2,423/12,764 or 0.19.

EXHIBIT 2

Pattern Of Response To The Household Survey

DWELLINGS

15,948		Dwellings selected from Municipal Post-Enumeration tapes, including supplementary households in Metro Toronto.
→	1,256	Dwellings excluded from survey because "head of household" moved.
→	308	Dwellings with invalid addresses or telephone number not available.
→	1,620	Dwellings which refused to mail back questionnaire and/or refused telephone interview.
12,764		Dwellings completing the mail or telephone questionnaire.

Response Rate = $\frac{12,764}{15,948}$ x 100 = 80 per cent

PERSONS

2,423		Handicapped persons identified in the 12,764 dwellings satisfying the exclusion and inclusion criteria.
→	50	Persons too ill to be interviewed.
→	32	Children under four years of age.
→	577	Persons who refused to be interviewed.
1,764		Handicapped persons who completed the interview.

Response Rate = $\frac{1,764}{2,423}$ x 100 = 73 per cent

Of 15,948 dwellings contacted, 80 per cent responded to either the "Physical and Health Problems in the Household" mail questionnaire and/or this questionnaire administered by telephone. Of the 2,423 physically handicapped persons subsequently identified, 1,764 persons (73 per cent) completed the socio-demographic and need-related interview questionnaire. This group of 1,764 persons provided the data on which this report is based.

Exhibit 3 (page 8) shows the response rate achieved in the region and population-density strata for the 2,423 physically handicapped persons. The table also indicates the names of the communities selected for the survey in each strata. For example, 85 per cent of handicapped people identified in Ottawa completed the questionnaire.

EXHIBIT 3

Strata Used In Survey, Indicating Municipalities Selected By Planning Region And Population Density With Response Rate (RR) Expressed As Percentage

Planning Region	POPULATION DENSITY				
	500,000 Plus	115,000–499,999	20,000–114,999	5,000–19,999	4,999 and Less
Central (Combined RR 68)	Metro Toronto (RR 67)		Oshawa Whitby Brampton Barrie (RR 67)	Bracebridge Bradford (RR 83)	Manvers Sherbourne Cramahae (RR 72)
Central West (Combined RR 77)		Hamilton Niagara Region Kitchener-Waterloo (RR 76)	Guelph Brantford (RR 89)	Dunnville Nanticoke (RR 84)	Flamborough Melancthon (RR 77)
South-West (Combined RR 68)		London Windsor (RR 70)	Chatham Woodstock (RR 61)	Port Elgin Amherstberg (RR 82)	Harwich Norwich Clinton (RR 64)
North (Combined RR 78)			Thunder Bay North Bay (RR 80)	Rayside Belfour Fort Francis (RR 76)	Sioux Lookout (RR 73)
East (Combined RR 83)		Ottawa (RR 85)	Kingston Cornwall (RR 85)	Trenton Gananoque (RR 77)	Sidney Marmora L'Original (RR 84)
Combined RR	67	73	76	82	74

Finding – The overall response rate was 73 per cent.

Exhibits 4, 5 and 6 show the distribution of age, sex and physical problem first-mentioned (respectively) for people who refused to be interviewed (No. = 577) and those who were interviewed (No. = 1,764).

EXHIBIT 4 **Ages of Handicapped People Who Refused Interview and Those Who Were Interviewed**

Age Group	Refused		Interviewed	
	No.	%	No.	%
0 - 4	2	0.3	3	0.2
5 - 9	8	1.4	43	2.4
10 - 14	13	2.3	38	2.2
15 - 19	15	2.6	58	3.3
20 - 24	7	1.2	33	1.9
25 - 29	11	1.9	41	2.3
30 - 34	22	3.8	63	3.6
35 - 39	12	2.1	59	3.3
40 - 44	21	3.6	93	5.3
45 - 49	30	5.2	118	6.7
50 - 54	37	6.4	168	9.5
55 - 59	53	9.2	239	13.5
60 - 64	49	8.5	237	13.4
65 - 69	63	10.9	232	13.2
70 - 74	43	7.5	159	9.0
75 - 79	24	4.2	105	6.0
80 - 84	23	4.0	50	2.8
85 and over	15	2.6	22	1.2
Missing	129	22.4	3	0.2
Total	577	100.0	1764	100.0

EXHIBIT 5 **Sex of Handicapped People Who Refused Interview and Those Who Were Interviewed**

Sex	Refused		Interviewed	
	No.	%	No.	%
Male	304	52.7	834	47.3
Female	270	46.8	930	52.7
Missing	3	0.5	0	0.0
Total	577	100.0	1764	100.0

EXHIBIT 6 First-mentioned Physical Problem of Handicapped People Who Refused Interview and Those Who Were Interviewed

First-mentioned Physical Problem		Refused No.	Refused %	Interviewed No.	Interviewed %
Endocrine/Metabolic/Nutritional					
Diabetes		25	4.3	75	4.3
Thyroid		2	0.3	12	0.7
All other gland diseases		0	0	4	0.2
Obesity		1	0.2	3	0.2
Other Endocrine-Metabolic		2	0.3	2	0.1
	Sub-Total	30	5.1	96	5.5
Neurological					
Epilepsy		23	4.0	36	2.0
Multiple Sclerosis		4	0.7	16	0.9
Cerebral Palsy		4	0.7	16	0.9
Parkinson's Disease		3	0.5	9	0.5
Ataxias – Other		0	0	9	0.5
Pain – Unspecified		2	0.3	2	0.1
Headaches		1	0.2	9	0.5
Nerves – Damaged		5	0.9	15	0.9
Spinal Cord Injury		1	0.2	27	1.5
Brain Damage		2	0.3	7	0.4
Polio		5	0.9	19	1.1
Other Neurological		5	0.9	2	0.1
	Sub-Total	55	9.6	167	9.4
Cardiovascular/Arteriovascular					
Congenital Cardiovascular		3	0.5	5	0.3
Acquired Cardiovascular		85	14.7	234	13.3
Hypertension		42	7.3	86	4.9
Stroke		13	2.3	58	3.3
Other Peripheral Vascular		13	2.3	39	2.2
Blood Related Disease		4	0.7	14	0.8
	Sub-Total	160	27.8	436	24.7
Respiratory					
Asthma		9	1.6	56	3.2
Chronic Bronchitis		4	0.7	14	0.8
Emphysema		6	1.0	32	1.8
All Allergies		2	0.3	12	0.7
Cystic Fibrosis		1	0.2	3	0.2
Tuberculosis		0	0	2	0.1
Lung-Reduced		3	0.5	10	0.6
Other Respiratory		0	0	2	0.1
	Sub-Total	25	4.3	131	7.5
Neoplasm					
All Cancers		21	3.6	32	1.8
Tumors, Cysts & Other		1	0.2	8	0.5
	Sub-Total	22	3.8	40	2.3

First-mentioned Physical Problem		Refused No.	Refused %	Interviewed No.	Interviewed %
Musculoskeletal					
Rheumatoid Arthritis		58	10.1	181	10.3
Degenerative Arthritis		5	0.9	34	1.9
Muscular Dystrophy		0	0	11	0.6
Orthopaedic Spine		44	7.6	174	9.9
Orthopaedic Limbs		32	5.5	94	5.3
Upper Amputation		6	1.0	6	0.3
Lower Amputation		2	0.3	16	0.9
Bursitis		1	0.2	6	0.3
Burns		0	0	4	0.2
Skin Disorders		2	0.3	14	0.8
Spina Bifida		0	0	3	0.2
Other Congenital Anomalies		6	1.0	4	0.2
Hydrocephalus		0	0	2	0.1
Cleft Palate		0	0.0	2	0.1
Gout		1	0.2	8	0.5
Other Musculoskeletal		2	0.3	7	0.4
	Sub-Total	159	27.4	566	32.0
Sight Impairment					
Total Blindness – Congenital		0	0	3	0.2
Partial Blindness – Congenital		3	0.5	7	0.4
Acquired Total Blindness		1	0.2	9	0.5
Acquired Partial Blindness		19	3.3	58	3.3
	Sub-Total	23	4.0	77	4.4
Hearing Impairment					
Profound Deafness – Congenital		4	0.7	9	0.5
Partial Deafness – Congenital		12	2.1	16	0.9
Profound Acquired Deafness		4	0.7	10	0.6
Partial Acquired Deafness		52	9.0	104	5.9
Disorders of Inner Ear		4	0.7	7	0.4
Hearing Impaired – Unspecified		1	0.2	6	0.3
	Sub-Total	77	13.4	152	8.6
Alimentary					
Stomach		2	0.3	14	0.8
Intestines – Both		1	0.2	16	0.9
Liver and Gall Bladder		0	0	9	0.5
Other Digestive		2	0.3	2	0.1
Kidneys and Urogenital		6	1.0	24	1.4
Hernia		3	0.5	9	0.5
Other Alimentary Unspecified		3	0.5	4	0.2
	Sub-Total	17	2.8	78	4.4
Speech Impairment					
Partial Congenital Speech		1	0.2	5	0.3
Partial Acquired Speech		2	0.3	4	0.2
Other Unspecified Speech		2	0.3	2	0.1
	Sub-Total	5	0.8	11	0.6
Missing		4	0.7	10	0.6
	TOTAL	577	100.0	1784	100.0

(iv) *Data Processing*

Socio-demographic and need-related interview questionnaire data were recorded on computer readable files. The coding for every questionnaire was edited by the field supervisor; however, not every question was edited. Further editing was done by keypunch verification, visual consistency checks and computerized consistency checks.

The visual consistency checks were done on a small set of questions for all questionnaires before keypunching began. The computerized consistency check was much more extensive, and was performed on all questions in a small subset of questionnaires. This check consisted of listing possible and impossible values for each question, especially where there was branching in the sequence of questions. On any question for which there was more than a two per cent variation from the "appropriate" response, the responses were investigated to determine if an error existed. All identified errors were corrected.

This report is based on the data file, consisting of one computer record for each of 2,423 physically handicapped persons, but the majority of tables refer to the subset of data pertaining to the 1,764 completed questionnaires.

(v) *Data Limitations*

The comments that follow are provided for the users of the tables to indicate the reliability of the data in statistical terms. While these comments might seem negative to the casual reader, they are essential to the continuing use of the data by researchers.

Interpretation of the data presented in these tables has to take into account the methods used in their derivation. Survey errors can be categorized into two types: sampling error and non-sampling error. Sampling error arises because the sample does not include every non-institutionalized physically handicapped person in the province. This leads to a degree of uncertainty in generalizing about this population from the sample. Non-sampling error could occur if the dwellings contacted and the handicapped people interviewed were not truly representative.

In preparing this report, the decision was made to limit sampling error by only reporting tables for which more than 90 per cent of the group had responded. Tables were generated only for sub-groups of 100 respondents or more. Data for health-region and population-density strata were not reported separately because of the small number of respondents (average stratum size was 88 respondents) for each stratum. These data are available on the computer file but the amount of sampling error for any one stratum may be large.

Information about handicapped people who refused interviews was characterized and compared with those interviewed (see Exhibits 3, 4, 5 and 6, pages 8, 9, 10). The high (80 per cent) response-rate for the sampling of dwellings and the moderately high (73 per cent) response-rate of the sampling of handicapped persons suggest that errors due to non-response are not particularly large (see Exhibit 2 and 3). During the course of the survey, earlier returns contained a disproportionately higher number of "physical and health problems" than later returns. Also, those who had not responded to the mail questionnaire were followed up with a telephone inquiry. Relatively few physically handicapped people were located in this group. Therefore, despite the moderately high response rate of handicapped people, it appears that the coverage of handicapped people in the dwellings sampled was very high.

As shown in Appendix ii, the telephone interviewers in this survey had considerable control over who was considered to be, or not to be, handicapped. No systematic review of the reliability of these decisions was reported by the private firms responsible for conducting the survey. The number of telephone interviews is not known. Finally, no specific instructions for administering the mail questionnaire over the phone are available for inclusion in this report. All of these factors raise concerns about the consistency in the use of the definition of "handicapped."

Coding of physical problems and functional limitations could give rise to systematic error (for example, inter-coder variation). Information about the presence of such errors or attempts to reduce the possibility of such errors were not reported by the private consulting agencies responsible for this aspect of the survey.

In the physical problems and functional limitations tables, (except for Table 12) only the first-mentioned problems, as opposed to second, third, or fourth-mentioned problems, were reported. However, this information is available on the computer file.

Because of some concerns about interpretation of some questions in the socio-demographic and need-related interview questionnaire, the analyses performed for this report have been restricted to those questions which met the following criteria:

- the meaning of the question was clear;
- instructions in the questionnaire that respondents answer only certain questions applicable to them were straightforward;
- the meaning of the response categories could be understood by the respondent without interpretation by the interviewer.

The body of data meeting these criteria is significant and will support factually based discussion between the voluntary and government agencies responsible for planning and funding programs for physically handicapped people.

(vi) *Other Related Studies and Surveys*

To complete the Household Survey, other related studies and surveys were instituted at the same time. They included:

- a literature review of the definitions and state-of-the-art services for physically handicapped people,
- focus group sessions of individuals with varying physical handicaps to clarify the meaning of terms such as "impairment", "disability", and "handicap",
- a delphi survey of service providers to obtain a consensus definition of "impairment", "disability" and "handicap",
- a survey of organizations providing services to handicapped persons. Information was sought on medical, self-help, educational, vocational-rehabilitation, housing, employment, transportation, counselling, recreation, information and other services,
- an institutional survey to obtain information about the socio-demographic and need-related characteristics of handicapped persons in institutions,
- a survey of physically handicapped persons identified from the registers of voluntary agencies representing persons with the following specific disorders; multiple sclerosis, spinal cord injury, cerebal palsy, cystic fibrosis, muscular dystrophy, and spinal cord injury.

Data from the two surveys concerning handicapped persons in institutions, and registered with voluntary organizations are available on a computer tape. Statistics derived from a combination of the preliminary data from these two surveys and the Household Survey have been published in a document (January, 1982) by the Ontario Manpower Commission entitled "Employment and the Physically Handicapped in Ontario."

Readers of this present report on the Household Survey should be aware that two other surveys of the non-institutionalized handicapped were completed about the same time by other governmental agencies. These are: "The Health of Canadians – Report of the Canada Health Survey", Ministry of Supply and Services, Ottawa, 1981, and "A Profile on the Support Service Needs of the Physically Handicapped," Ministry of Community and Social Services, Toronto, 1981. All three surveys were conducted independently, and each used a different questionnaire. Planners and evaluators should be able to obtain useful information from all three surveys.

III. Tables

These tables are based on responses on file for the 1,764 completed interview questionnaires. Some tables have fewer than 1,764 observations because either the question was not applicable to all respondents, or the response was not recorded on the computer file.

If available, the actual wording of the question used in the interview has been reproduced verbatim beneath the title of each table, and reference given to the module and question in the "Ontario Health Survey of Special Populations" questionnaire. (Appendix iii)

(I) SOCIO-DEMOGRAPHIC CHARACTERISTICS

TABLE 1: Number and Percentage of Respondents by Five-Year Age Group and Sex

What is your date of birth?
MODULE 2-2

AGE GROUP		SEX MALE	FEMALE	TOTAL No	TOTAL %
0 - 4	No.	2	1	3	0.2
	%	66.7	33.3	100.0	
5 - 9	No.	26	17	43	2.5
	%	60.5	39.5	100.0	
10 - 14	No.	22	16	38	2.2
	%	57.9	42.1	100.0	
15 - 19	No.	33	25	58	3.3
	%	56.9	43.1	100.0	
20 - 24	No.	13	20	33	1.9
	%	39.4	60.6	100.0	
25 - 29	No.	26	15	41	2.3
	%	63.4	36.6	100.0	
30 - 34	No.	30	33	63	3.6
	%	47.6	52.4	100.0	
35 - 39	No.	29	30	59	3.4
	%	49.2	50.8	100.0	
40 - 44	No.	43	50	93	5.3
	%	46.2	53.8	100.0	
45 - 49	No.	52	65	117	6.7
	%	44.4	55.6	100.0	
50 - 54	No.	75	90	165	9.4
	%	45.5	54.5	100.0	
55 - 59	No.	108	130	238	13.6
	%	45.4	54.6	100.0	
60 - 64	No.	120	117	237	13.5
	%	50.6	49.4	100.0	
65 - 69	No.	116	116	232	13.2
	%	50.0	50.0	100.0	
70 - 74	No.	64	94	158	9.0
	%	40.5	59.5	100.0	
75 - 79	No.	44	60	104	5.9
	%	42.3	57.7	100.0	
80 - 84	No.	17	33	50	2.9
	%	34.0	66.0	100.0	
85 - Over	No.	10	12	22	1.3
	%	45.5	54.5	100.0	
TOTAL:	No.	830	924	1754	100.0
	%	47.3	52.7	100.0	

TABLE 2: Number and Percentage of Respondents by Language

What is the language you most often speak (if speech impaired, use "understand".)
MODULE 2-7

LANGUAGE SPOKEN	No.	%
English	1522	86.3
French	67	3.8
Arabic	1	0.1
Baltic	1	0.1
Chinese	4	0.2
Czech-Slovak	1	0.1
German	19	1.1
Greek	3	0.2
Innuit	1	0.1
Italian	50	2.8
Hungarian	10	0.6
Netherlandic	11	0.6
Polish	10	0.6
Portuguese	17	1.0
Romanian	2	0.1
Russian	2	0.1
Scandinavian	4	0.2
Spanish	3	0.2
Ukrainian	14	0.8
Yugoslavian	3	0.2
Others	16	0.9
Missing	3	0.2
TOTAL:	1764	100.0

TABLE 3: Number and Percentage of Respondents by Birthplace

Where were you born?
MODULE 2-8

BIRTHPLACE	No.	%
British Columbia	3	0.2
Alberta	12	0.7
Saskatchewan	36	2.0
Manitoba	34	1.9
Ontario	1026	58.2
Quebec	82	4.6
Newfoundland	18	1.0
Nova Scotia	29	1.6
New Brunswick	24	1.4
Prince Edward Island	6	0.3
North West Territories	1	0.1
United States of America	33	1.9
British Isles	171	9.7
Western Eurcpe	162	9.2
Eastern Europe	83	4.7
West Indies	6	0.3
Middle East	11	0.6
South America	7	0.4
Africa	3	0.2
Far East	8	0.5
Other	9	0.5
TOTAL:	1764	100.0

TABLE 4: Number and Percentage of Respondents by Marital Status Category

What is your present Marital Status?
MODULE 2-3

MARITAL STATUS		SEX MALE	FEMALE	TOTAL No.	TOTAL %
Single	No.	138	109	247	14.2
	%	55.9	44.1	100.0	
Married	No.	628	566	1194	68.7
	%	52.6	47.4	100.0	
Separated	No.	13	16	29	1.7
	%	44.8	55.2	100.0	
Divorced	No.	10	30	40	2.3
	%	25.0	75.0	100.0	
Widowed	No.	35	186	221	12.7
	%	15.8	84.2	100.0	
Common-Law Union	No.	4	3	7	0.4
	%	57.1	42.9	100.0	
TOTAL:		828	910	1738	100.0
		47.6	52.4		

TABLE 5: Number and Percentage of Respondents by Relationship to Head of Household

What is your Relationship to the Head of the Household?
MODULE 2-4

RELATIONSHIP TO HEAD OF HOUSEHOLD	No.	%
Husband	33	1.9
Wife	559	31.7
Son	110	6.2
Daughter	80	4.5
Son-in-law	1	0.1
Father	6	0.3
Mother	29	1.6
Father-in-law	6	0.3
Mother-in-law	20	1.1
Brother	5	0.3
Sister	6	0.3
Brother-in-law	4	0.2
Grandchild	1	0.1
Grandparent	1	0.1
Niece	2	0.1
Uncle	1	0.1
Foster Child-Ward	1	0.1
Lodger	8	0.5
Housekeeper	3	0.2
Head of House	862	48.9
Other	22	1.2
Missing	4	0.2
TOTAL:	1764	100.0

TABLE 6: Number and Percentage of Respondents by Family Size

Who are the other members of your Household?
MODULE 2-5

FAMILY SIZE	No.	%
1	184	10.4
2	705	40.0
3	370	21.0
4	257	14.6
5	151	8.6
6	61	3.5
7	22	1.2
8	6	0.3
9	1	0.1
10	5	0.3
Missing	2	0.1
	TOTAL: 1764	100.0

TABLE 7: Number and Percentage of Respondents by Level of Education

What is the highest grade or year of school you have completed?
MODULE 2-8

EDUCATION	No.	%
No Schooling	20	1.1
Pre-School	21	1.2
Less than Grade 5	133	7.5
Grades 5-8	516	29.3
Grades 9-11	488	27.7
Grades 12-13	317	18.0
Technical – Trade School	73	4.1
Community College	84	4.8
University – Undergraduate	34	1.9
University – Graduate	38	2.2
University – Post Graduate	24	1.4
Missing	16	0.9
TOTAL:	1764	100.0

TABLE 8: Number and Percentage of Respondents by Level of Personal Income

Here is a card listing various income categories, please look at it and tell me by the number beside (1 to 10) which category best represents your income from all sources before taxes during the year ending December, 1979.

MODULE 7-28

PERSONAL INCOME	No.	%
No Income	345	19.6
$ 1 – 5,000	650	36.8
$5,001 – 10,000	296	16.8
$10.001 – 15,000	179	10.1
$15,001 – 20,000	90	5.1
$20,001 – 25,000	69	3.9
$25,001 – 30,000	36	2.0
$30,001 – 35,000	12	0.7
$35,001 – 40,000	6	0.3
More than $40,000	9	0.5
Missing	72	4.1
TOTAL:	1764	100.0

TABLE 9: Number and Percentage of Respondents by Level of Family Income

Please look at the card again and tell me which code best represents other additional family income from all sources, before taxes, during the year ending December, 1979

MODULE 7-27

FAMILY INCOME	No.	%
No Income	378	21.4
$1 – 5,000	327	18.5
$5,001 – 10,000	255	14.5
$10,001 – 15,000	199	11.3
$15,001 – 20,000	170	9.6
$20,001 – 25,000	118	6.7
$25,001 – 30,000	56	3.2
$30,001 – 35,000	36	2.0
$35,001 – 40,000	24	1.4
More than $40,000	31	1.8
Missing	170	9.7
TOTAL:	1764	100.0

TABLE 10: Number and Percentage of Respondents by Source of Personal and Family Income

Could you tell me the different sources from which you and your family gets its income: such as, Government Allowances, Dividends, Bonds, etc.
MODULE 7-28

SOURCE OF PERSONAL AND FAMILY INCOME	No.	%*
Wages, Salaries, Tips and Commissions	942	53.4
Net Income from Own Business, Firm or Professional Practice	155	8.8
Investment Income (Interest, Dividends, Net returns, etc.)	472	26.8
Family Allowance	378	21.4
Unemployment Insurance Benefits	50	2.8
GAINS (Guaranteed Annual Income Supplement)	67	3.8
Family Welfare Assistance (Provincial)	40	2.3
Municipal Welfare	10	0.6
Workmen's Compensation	93	5.3
Veteran's Allowance	62	3.5
Canada "Manpower" Grant	6	0.3
Trust Fund	6	0.3
University Scholarship	0	0.0
Alimony	4	0.2
Other Payments from Spouse	15	0.9
Disability Premium	192	10.9
Insurance Benefits	45	2.6
Government Old Age Security	556	31.5
Old Age Supplement	228	12.9
Other Pensions (Company and Retirement Pensions, Annuities, etc.)	576	32.7

* This is a multiple response table. Numbers are expressed as a percentage of the total number of respondents, 1764.

TABLE 11: Number and Percentage of Respondents by Occupational Status

PRESENTLY, ARE YOU

1. Employed part-time? (30 hours per week or less)
2. Employed full-time? (more than 30 hours per week)
3. A student?
4. Pre-schooler?
5. A homemaker?
6. Retired?
7. Unemployed?

MODULE 7-1

OCCUPATIONAL STATUS	FIRST MENTIONED		SECOND MENTIONED	
	No.	%	No.	%
Employed Part-time (30 hours per week or less)	105	6.0	14	0.8
Employed Full-time (more than 30 hours per week)	329	18.7	5	0.3
Student	122	6.9	13	0.7
Pre-schooler	8	0.5	1	0.1
Homemaker	425	24.1	93	5.3
Retired	624	35.4	71	4.0
Unemployed	150	8.5	38	2.2
Missing	1	0.1	1529	86.7
TOTAL:	1764	100.0	1764	100.0

(II) PHYSICAL PROBLEMS AND FUNCTIONAL LIMITATIONS

(a) Physical Problems

TABLE 12: Number and Percentage of Respondents Mentioning Physical Problems

Could you tell me, in your own words, what your particular condition is?
MODULE 3-2

PHYSICAL PROBLEM	PROBLEM MENTIONED FIRST		PROBLEM MENTIONED SECOND		PROBLEM MENTIONED THIRD		PROBLEM MENTIONED FOURTH		PROBLEMS MENTIONED
	No	%	No	%	No	%	No	%	%*
Endocrine/Metabolic/Nutritional									
Diabetes	75	4.3	45	2.6	16	0.9	6	0.3	8.1
Thyroid	12	0.7	6	0.3	3	0.2	4	0.2	1.4
All Other Gland Diseases	4	0.2	2	0.1	0	0.0	0	0.0	0.3
Obesity	3	0.2	2	0.1	2	0.1	1	0.1	0.5
Other Endocrine – Metabolic	2	0.1	4	0.2	2	0.1	0	0.0	0.5
Neurological									
Epilepsy	36	2.0	5	0.3	4	0.2	0	0.0	2.6
Multiple Sclerosis	16	0.9	0	0.0	0	0.0	0	0.0	0.9
Cerebral Palsy	16	0.9	1	0.1	0	0.0	0	0.0	1.0
Parkinson's Disease	9	0.5	2	0.1	0	0.0	0	0.0	0.6
Ataxia's – Other	9	0.5	1	0.1	0	0.0	0	0.0	0.6
Pain – Unspecified	2	0.1	0	0.0	1	0.1	1	0.1	0.2
Headaches	9	0.5	5	0.3	5	0.3	3	0.2	1.3
Nerves – Damaged	15	0.9	10	0.6	5	0.3	0	0.0	1.7
Spinal Cord Injury	27	1.5	9	0.5	3	0.2	0	0.0	2.2
Brain Damage	7	0.4	3	0.2	2	0.1	0	0.0	0.7
Polio	19	1.1	1	0.1	0	0.0	0	0.0	1.1
Other Neurological	2	0.1	3	0.2	6	0.3	0	0.0	0.6
Cardiovascular/Arteriovascular									
Congenital Cardiovascular	5	0.3	0	0.0	2	0.1	2	0.1	0.5
Acquired Cardiovascular	234	13.3	87	4.9	38	2.2	11	0.6	21.0
Hypertension	86	4.9	81	4.6	29	1.6	18	1.0	12.1
Stroke	58	3.3	17	1.0	10	0.6	2	0.1	4.9
Other Peripheral Vascular	39	2.2	33	1.9	16	0.9	8	0.5	5.4
Blood Related Disease	14	0.8	6	0.3	4	0.2	1	0.1	1.4
Respiratory									
Asthma	56	3.2	18	1.0	6	0.3	2	0.1	4.7
Chronic Bronchitis	14	0.8	10	0.6	7	0.4	1	0.1	1.8
Emphysema	32	1.8	12	0.7	4	0.2	1	0.1	2.8
All Allergies	12	0.7	22	1.2	6	0.3	3	0.2	2.4
Cystic Fibrosis	3	0.2	0	0.0	0	0.0	0	0.0	0.2
Tuberculosis	2	0.1	1	0.1	1	0.1	0	0.0	0.2
Lung Related	10	0.6	15	0.9	5	0.3	2	0.1	1.8
Other Respiratory	2	0.1	1	0.1	2	0.1	0	0.0	0.3
Neoplasm									
All Cancers	32	1.8	21	1.2	9	0.5	1	0.1	3.6
Tumors, Cysts and Other	8	0.5	11	0.6	4	0.2	0	0.0	1.3
Musculoskeletal									
Rheumatoid Arthritis	181	10.3	118	6.7	61	3.6	21	1.2	21.6
Degenerative Arthritis	34	1.9	15	0.9	10	0.6	1	0.1	3.5
Muscular Dystrophy	11	0.6	1	0.1	0	0.0	0	0.0	0.7

TABLE 12: (cont'd)

PHYSICAL PROBLEM	PROBLEM MENTIONED FIRST		PROBLEM MENTIONED SECOND		PROBLEM MENTIONED THIRD		PROBLEM MENTIONED FOURTH		PROBLEMS MENTIONED
	No	%	No	%	No	%	No	%	%*
Musculoskeletal (cont'd)									
Orthopedic Spine	174	9.9	67	3.8	28	1.6	12	0.7	15.9
Orthopedic Limbs	94	5.3	73	4.1	21	1.2	6	0.3	11.0
Upper Amputation	6	0.3	2	0.1	1	0.1	0	0.0	0.5
Lower Amputation	16	0.9	0	0.0	0	0.0	0	0.0	0.9
Bursitis	6	0.3	7	0.4	0	0.0	1	0.1	0.8
Burns	4	0.2	2	0.1	1	0.1	0	0.0	0.4
Skin Disorders	14	0.8	7	0.4	4	0.2	2	0.1	1.5
Spina Bifida	3	0.2	1	0.1	0	0.0	0	0.0	0.2
Hydrocephalus	2	0.1	0	0.0	0	0.0	0	0.0	0.1
Cleft Palate	2	0.1	1	0.1	0	0.0	0	0.0	0.2
Other Congenital Anomalies	4	0.2	1	0.1	0	0.0	0	0.0	0.3
Gout	8	0.5	0	0.0	0	0.0	2	0.1	0.6
Other Musculoskeletal	7	0.4	10	0.6	8	0.5	3	0.2	0.5
Sight Impairment									
Total Blindness – Congenital	3	0.2	0	0.0	0	0.0	0	0.0	0.2
Partial Blindness – Congenital	7	0.4	4	0.2	1	0.1	0	0.0	0.7
Acquired Total Blindness	9	0.5	51	2.9	1	0.1	0	0.0	3.5
Acquired Partial Blindness	58	3.3	0	0.0	26	1.5	11	0.6	5.4
Other Sight Impaired	0	0.0	1	0.1	1	0.1	0	0.0	0.1
Hearing Impairment									
Profound Deafness – Congenital	9	0.5	0	0.0	0	0.0	0	0.0	0.5
Partial Deafness – Congenital	16	0.9	0	0.0	2	0.1	1	0.1	1.1
Profound Acquired Deafness	10	0.6	4	0.2	0	0.0	0	0.0	0.8
Partial Acquired Deafness	104	5.9	68	3.9	55	3.1	21	1.2	14.1
Disorders of Inner Ear	7	0.4	9	0.5	3	0.2	2	0.1	1.2
Hearing Impaired – Unspecified	6	0.3	2	0.1	1	0.1	0	0.0	0.0
Alimentary									
Stomach	14	0.8	16	0.9	13	0.7	1	0.1	2.5
Intestines – Both	16	0.9	17	1.0	5	0.3	5	0.3	2.4
Liver and Gall Bladder	9	0.5	13	0.7	5	0.3	3	0.2	1.8
Other Digestive	2	0.1	3	0.2	2	0.1	0	0.0	0.4
Kidneys and Urogenital	24	1.4	23	1.3	9	0.5	3	0.2	3.3
Hernia	9	0.5	14	0.8	18	1.0	7	0.4	2.7
Other Alimentary – Unspecified	4	0.2	3	0.2	4	0.2	1	0.1	0.7
Speech Impairment									
Total Congenital Speech	0	0.0	6	0.3	1	0.1	1	0.1	0.5
Partial Congenital Speech	5	0.3	5	0.3	0	0.0	1	0.1	0.6
Total Acquired Speech	0	0.0	3	0.2	1	0.1	0	0.0	0.2
Partial Acquired Speech	4	0.2	12	0.7	6	0.3	3	0.2	1.4
Other – Unspecified Speech	2	0.1	2	0.1	0	0.0	0	0.0	0.2
Missing	10	0.6	769	43.6	1284	72.8	1589	90.1	
TOTAL:	1764		1764		1764		1764		

* This is a multiple response question. Numbers represent a percentage of the total number of respondents, 1764.

TABLE 13: Number and Percentage of Respondents by Group* of Physical Problems (First Mentioned)

Could you tell me, in your own words, what your particular condition is?
MODULE 3-2

*GROUP OF PHYSICAL PROBLEMS FIRST-MENTIONED	No.	%
Endocrine/Metabolic/Nutritional	96	5.4
Neurological	177	10.0
Cardiovascular/Arteriovascular	436	24.7
Respiratory	131	7.4
Neoplasm	40	2.3
Musculoskeletal	566	32.1
Sight Impairment	77	4.4
Hearing Impairment	152	8.6
Alimentary	78	4.4
Speech Impairment	11	0.6
TOTAL:	1764	100.0

* The physical problems mentioned by the respondents were grouped into this classification of physical problems. See Table 12 for definition of groups.

TABLE 14: Number and Percentage of Respondents by Group* of Physical Problems (First-Mentioned) and Perceived Primary Cause of First-Mentioned Physical Problem

Could you tell me, in your own words, what your particular condition is?
MODULE 3-2

What caused — your condition? / each of these conditions?
MODULE 3-4

PERCEIVED PRIMARY CAUSE OF FIRST-MENTIONED PHYSICAL PROBLEM

*GROUP OF PHYSICAL PROBLEMS FIRST MENTIONED		Birth	Illness	Getting Older	Work Accident	Home Accident	Travel Accident	Genetic-Hereditary	Environ-mental Cause	Cause Unknown	TOTAL No.	TOTAL %
Endocrine/Metabolic/Nutritional	No.	0	10	3	0	0	0	29	3	48	93	5.5
	%	0.0	10.8	3.2	0.0	0.0	0.0	31.2	3.2	51.6	100.0	
Neurological	No.	28	25	4	12	11	15	11	3	61	170	10.1
	%	16.5	14.7	2.4	7.1	6.5	8.8	6.5	1.8	35.9	100.0	
Cardiovascular/Arteriovascular	No.	9	74	34	6	6	4	65	48	181	427	25.3
	%	2.1	17.3	8.0	1.4	1.4	0.9	15.2	11.2	42.4	100.0	
Respiratory	No.	12	19	2	3	1	1	28	23	36	125	7.4
	%	9.6	15.2	1.6	2.4	0.8	0.8	22.4	18.4	28.8	100.0	
Neoplasm	No.	3	5	0	1	0	0	6	4	18	37	2.2
	%	8.1	13.5	0.0	2.7	0.0	0.0	16.2	10.8	48.6	100.0	
Musculoskeletal	No.	25	37	35	109	43	38	48	28	173	536	31.7
	%	4.7	6.9	6.5	20.3	8.0	7.1	9.0	5.2	32.3	100.0	
Sight Impairment	No.	7	10	15	3	8	3	9	1	18	74	4.4
	%	9.5	13.5	20.3	4.1	10.8	4.1	12.2	1.4	24.3	100.0	
Hearing Impairment	No.	20	29	10	10	4	3	15	18	35	144	8.5
	%	13.9	20.1	6.9	6.9	2.8	2.1	10.4	12.5	24.3	100.0	
Alimentary	No.	6	11	2	0	0	0	9	6	40	74	4.4
	%	8.1	14.9	2.7	0.0	0.0	0.0	12.2	8.1	54.1	100.0	
Speech Impairment	No.	4	2	0	0	0	0	0	3	1	10	0.6
	%	40.0	20.0	0.0	0.0	0.0	0.0	0.0	30.0	10.0	100.0	
TOTAL	No.	114	222	105	144	73	64	220	137	611	1690	100.0
	%	6.7	13.1	6.2	8.5	4.3	3.8	13.0	8.1	36.2	100.0	

* See Table 12 for definiton of groups.

TABLE 15: Number and Percentage of Respondents by Number of Physical Problem Groups*

Could you tell me, in your own words, what your particular condition is?
MODULE 3-2

NUMBER OF PHYSICAL PROBLEM GROUPS*	No.	%
One Group of Physical Problems	765	43.4
Two Groups of Physical Problems	519	29.4
Three Groups of Physical Problems	305	17.3
Four Groups of Physical Problems	175	9.9
TOTAL:	1764	100.0

* See Table 12 for definition of groups.

TABLE 16: Number and Percentage of Respondents by Five-Year Age Group and Number of Physical Problem Groups*

What is your date of birth?
MODULE 2-2

Could you tell me, in your own words, what your particular condition is?
MODULE 3-2

AGE GROUP		NUMBER OF PHYSICAL PROBLEM GROUPS*				
		1	2	3	4	TOTAL
0 - 4	No.	3	0	0	0	3
	%	100.0	0.0	0.0	0.0	100.0
5 - 9	No.	27	12	3	1	43
	%	62.8	27.9	7.0	2.3	100.0
10 - 14	No.	32	4	2	0	38
	%	84.2	10.5	5.3	0.0	100.0
15 - 19	No.	37	18	3	0	58
	%	63.8	31.0	5.2	0.0	100.0
20 - 24	No.	20	9	4	0	33
	%	60.6	27.3	12.1	0.0	100.0
25 - 29	No.	31	6	2	2	41
	%	75.6	14.6	4.9	4.9	100.0
30 - 34	No.	42	12	7	2	63
	%	66.7	19.0	11.1	3.2	100.0
35 -39	No.	30	12	15	2	59
	%	50.8	20.3	25.4	3.4	100.0
40 - 44	No.	48	29	10	6	93
	%	51.6	31.2	10.8	6.5	100.0
45 - 49	No.	62	34	16	6	118
	%	52.5	28.8	13.6	5.1	100.0
50 - 54	No.	70	50	37	11	168
	%	41.7	29.8	22.0	6.5	100.0
55 - 59	No.	101	77	37	24	239
	%	42.3	32.2	15.5	10.0	100.0
60 - 64	No.	85	78	41	33	237
	%	35.9	32.9	17.3	13.9	100.0
65-69	No.	86	74	42	30	232
	%	37.1	31.9	18.1	12.9	100.0
70 - 74	No.	51	40	37	31	159
	%	32.1	25.2	23.3	19.5	100.0
75 - 79	No.	27	31	34	13	105
	%	10.0	40.0	26.0	24.0	100.0
80 - 84	No.	5	20	13	12	50
	%	10.0	40.0	26.0	24.0	100.0
85 and Over	No.	6	12	2	2	22
	%	27.3	54.5	9.1	9.1	100.0
	TOTAL	763	518	305	175	1761
		43.3	29.4	17.3	9.9	100.0

* See Table 12 for definition of physical problem groups.

(II) PHYSICAL PROBLEMS AND FUNCTIONAL LIMITATIONS

(b) Functional Limitations

TABLE 17: Number and Percentage of Respondents by Functional Limitation* (First-Mentioned)

Could you tell me, in your own words, what your particular condition is?
MODULE 3-2

FUNCTIONAL LIMITATION* FIRST-MENTIONED	No.	%
Head-Neck	79	4.5
Spine-Trunk	223	12.6
Foot	59	3.3
Arms	42	2.4
Hands	48	2.7
Musculoskeletal – Multiple	149	8.4
Sight	83	4.7
Hearing	149	8.4
Speech	19	1.1
Balance	15	0.9
Endurance	9	0.5
Pain	5	0.3
Internal Organs	99	5.6
Heart-Lungs	381	21.6
Peripheral Vascular	178	10.1
Skin	13	0.7
Knee	39	2.2
Hip-Pelvis	41	2.3
Leg	90	5.1
Epilepsy	32	1.8
Other	11	0.6
TOTAL:	1764	100.0

* The physical problems mentioned by the respondents were grouped into this classification of functional limitations.

TABLE 18: Number and Percentage of Respondents by Five-Year Age Group and Functional Limitation (First-Mentioned)

What is your date of birth?
MODULE 2-2

Could you tell me, in your own words, what your particular condition is?
MODULE 3-2

FUNCTIONAL LIMITATION (FIRST-MENTIONED)

AGE		Heart—Neck	Spine—Trunk	Foot	Arms	Hand	Muscu-loskeletal—Multiple	Sight	Hearing	Speech	Balance	Endur-ance	Pain	Internal Organs	Heart—Lungs	Peripheral Vascular	Skin	Knee	Hip—Pelvis	Leg	Epilepsy	Other	TOTAL
0 - 4	No.	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	1	0	3
	%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	33.3	0.0	0.0	0.0	0.0	33.3	33.3	0.0	100.0
5 - 9	No.	6	0	0	0	0	6	0	7	7	0	0	0	1	9	3	0	0	2	1	1	0	43
	%	14.0	0.0	0.0	0.0	0.0	14.0	0.0	16.3	16.3	0.0	0.0	0.0	2.3	20.9	7.0	0.0	0.0	4.7	2.3	2.3	0.0	100.0
10 - 14	No.	2	4	0	0	1	4	2	2	2	1	0	1	1	8	3	1	2	0	1	2	1	38
	%	5.3	10.5	0.0	0.0	2.6	10.5	5.3	5.3	5.3	2.6	0.0	2.6	2.6	21.1	7.9	2.6	5.3	0.0	2.6	5.3	2.6	100.0
15 - 19	No.	5	3	4	3	0	4	5	10	0	0	0	0	3	7	4	2	3	0	2	3	0	53
	%	8.6	5.2	6.9	5.2	0.0	6.9	8.6	17.2	0.0	0.0	0.0	0.0	5.2	12.1	6.9	3.4	5.2	0.0	3.4	5.2	0.0	100.0
20 - 24	No.	3	3	1	0	2	1	4	3	0	0	0	0	3	5	1	0	1	0	2	4	0	33
	%	9.1	9.1	3.0	0.0	6.1	3.0	12.1	9.1	0.0	0.0	0.0	0.0	9.1	15.2	3.0	0.0	3.0	0.0	6.1	12.1	0.0	100.0
25 - 29	No.	0	10	1	1	1	4	2	3	2	0	0	0	1	3	3	0	3	1	3	3	0	41
	%	0.0	24.4	2.4	2.4	2.4	9.8	4.9	7.3	4.9	0.0	0.0	0.0	2.4	7.3	7.3	0.0	7.3	2.4	7.3	7.3	0.0	100.0
30 - 34	No.	3	11	3	4	5	6	1	8	0	0	0	1	4	2	4	0	1	3	4	2	1	63
	%	4.8	17.5	4.8	6.3	7.9	9.5	1.6	12.7	0.0	0.0	0.0	1.6	6.3	3.2	6.3	0.0	1.6	4.8	6.3	3.2	1.6	100.0
35 - 39	No.	4	25	1	0	2	2	1	1	0	1	1	0	3	8	3	1	1	0	3	2	0	59
	%	6.8	42.4	1.7	0.0	3.4	3.4	1.7	1.7	0.0	1.7	1.7	0.0	5.1	13.6	5.1	1.7	1.7	0.0	5.1	3.4	0.0	100.0
40 - 44	No.	5	28	1	3	1	5	1	8	0	0	2	0	6	15	3	1	0	2	8	3	1	93
	%	5.4	30.1	1.1	3.2	1.1	5.4	1.1	8.6	0.0	0.0	2.2	0.0	6.5	16.1	3.2	1.1	0.0	2.2	8.6	3.2	1.1	100.0
45 - 49	No.	10	17	5	2	2	10	3	11	0	0	1	1	9	22	10	0	4	2	7	1	1	118
	%	8.5	14.4	4.2	1.7	1.7	8.5	2.5	9.3	0.0	0.0	0.8	0.8	7.6	18.6	8.5	0.0	3.4	1.7	5.9	0.8	0.8	100.0
50 - 54	No.	7	32	8	2	6	21	7	3	0	0	1	0	17	32	18	1	1	4	5	2	1	168
	%	4.2	19.0	4.8	1.2	3.6	12.5	4.2	1.8	0.0	0.0	0.6	0.0	10.1	19.0	10.7	0.6	0.6	2.4	3.0	1.2	0.6	100.0
55 - 59	No.	13	31	9	9	6	15	12	16	3	5	0	0	15	49	28	1	7	4	11	3	2	239
	%	5.4	13.0	3.8	3.8	2.5	6.3	5.0	6.7	1.3	2.1	0.0	0.0	6.3	20.5	11.7	0.4	2.9	1.7	4.6	1.3	0.8	100.0
60 - 64	No.	5	18	13	6	6	23	9	17	1	1	1	1	14	62	31	3	6	8	8	3	1	237
	%	2.1	7.6	5.5	2.5	2.5	9.7	3.8	7.2	0.4	0.4	0.4	0.4	5.9	26.2	13.1	1.3	2.5	3.4	3.4	1.3	0.4	100.0
65 - 69	No.	6	23	6	6	7	19	9	16	1	0	3	0	11	69	28	0	4	6	15	0	3	232
	%	2.6	9.9	2.6	2.6	3.0	8.2	3.9	6.9	0.4	0.0	1.3	0.0	4.7	29.7	12.1	0.0	1.7	2.6	6.5	0.0	1.3	100.0
70 - 74	No.	1	8	4	2	5	16	10	16	1	5	0	1	7	50	16	1	3	4	8	1	0	159
	%	0.6	5.0	2.5	1.3	3.1	10.1	6.3	10.1	0.6	3.1	0.0	0.6	4.4	31.4	10.1	0.6	1.9	2.5	5.0	0.6	0.0	100.0
75 - 79	No.	4	6	1	4	2	10	9	11	2	2	0	0	1	27	14	1	1	2	8	0	0	105
	%	3.8	5.7	1.0	3.8	1.9	9.5	8.6	10.5	1.9	1.9	0.0	0.0	1.0	25.7	13.3	1.0	1.0	1.9	7.6	0.0	0.0	100.0
80 - 84	No.	3	4	1	0	1	2	4	13	0	0	0	0	1	8	7	0	1	2	2	1	0	50
	%	6.0	8.0	2.0	0.0	2.0	4.0	8.0	26.0	0.0	0.0	0.0	0.0	2.0	16.0	14.0	0.0	2.0	4.0	4.0	2.0	0.0	100.0
85 and Over	No.	0	0	1	0	1	1	4	4	0	0	0	0	1	4	2	1	1	1	1	0	0	22
	%	0.0	0.0	4.5	0.0	4.5	4.5	18.2	18.2	0.0	0.0	0.0	0.0	4.5	18.2	9.1	4.5	4.5	4.5	4.5	0.0	0.0	100.0
Total:	No.	77	223	59	42	48	149	83	149	19	15	9	5	98	381	178	13	39	41	90	32	11	1761
	%	4.4	12.7	3.4	2.4	2.7	8.5	4.7	8.5	1.1	0.9	0.5	0.3	5.6	21.6	10.1	0.7	2.2	2.3	5.1	1.8	0.6	100.0

TABLE 19: Number and Percentage of Respondents Mentioning Functional Limitations

Could you tell me, in your own words, what your particular condition is?
MODULE 3-2

FUNCTIONAL LIMITATIONS MENTIONED	No.	%*
Head-Neck	154	8.7
Spine-Trunk	392	22.2
Foot	131	7.4
Arms	132	7.5
Hands	140	7.9
Musculoskeletal – Multiple	256	14.5
Sight	205	11.6
Hearing	288	16.3
Speech	61	3.5
Balance	56	3.2
Endurance	52	2.9
Pain	36	2.0
Internal Organs	265	15.0
Heart – Lungs	565	32.0
Peripheral Vascular	404	22.9
Skin	30	1.7
Knee	116	6.6
Hip – Pelvis	86	4.9
Leg	224	12.7
Epilepsy	45	2.6
Other	42	2.4

*This is a multiple response table. Numbers are expressed as a percentage of the total numbers of respondents, 1764.

TABLE 20: Number and Percentage of Respondents by Five-Year Age Group and Number of Functional Limitations

What is your date of birth?
MODULE 2-2

Could you tell me, in your own words, what your particular condition is?
MODULE 3-2

Number of Functional Limitations*

AGE GROUP	1 No.	1 %	2 No.	2 %	3 No.	3 %	4 No.	4 %	TOTAL
0 - 4	3	100.0	0	0.0	0	0.0	0	0.0	3 100.0
5 - 9	24	55.8	12	27.9	4	9.3	3	7.0	43 100.0
10 - 14	27	71.05	8	21.05	2	5.3	1	2.6	38 100.0
15 - 19	33	56.9	18	31.03	4	6.9	3	5.2	58 100.0
20 - 24	13	39.4	12	36.4	7	21.2	1	3.0	33 100.0
25 - 29	26	63.4	7	17.0	5	12.2	3	7.3	41 100.0
30 - 34	32	50.8	14	22.2	7	11.1	10	15.8	63 100.0
35 - 39	23	39.0	14	23.7	12	20.3	10	17.0	59 100.0
40 - 44	42	45.2	26	28.0	13	14.0	12	12.9	93 100.0
45 - 49	45	38.1	37	31.4	21	17.8	15	12.7	118 100.0
50 - 54	63	37.5	47	27.9	25	14.9	33	19.6	168 100.0
55 - 59	86	36.0	62	25.9	52	21.8	39	16.3	239 100.0
60 - 64	74	31.2	62	26.2	54	22.8	47	19.8	237 100.0
65 - 69	68	29.3	67	28.9	52	22.4	45	19.4	232 100.0
70 - 74	41	25.8	43	27.0	30	18.9	45	28.3	159 100.0
75 - 79	19	18.1	30	28.6	34	32.4	22	21.0	105 100.0
80 - 84	5	10.0	9	18.0	15	30.0	21	42.0	50 100.0
85 and Over	4	18.2	9	40.9	3	13.6	6	27.3	22 100.0
Missing	1	33.3	1	33.3	1	33.3	–	–	3 100.0
TOTAL	629	35.7	478	27.1	341	19.3	316	17.9	1764 100.0

*See Table 17 for definition of functional limitations.

TABLE 21: Number and Percentage of Respondents by Functional Limitation (First-Mentioned) and Perceived Primary Cause of First-Mentioned Physical Problem

Could you tell me, in your own words, what your particular condition is?
MODULE 3-2

What caused < your condition? / each of these conditions?
MODULE 3-4

PERCEIVED PRIMARY CAUSE OF FIRST-MENTIONED PHYSICAL PROBLEM

FUNCTIONAL LIMITATION FIRST-MENTIONED		Birth	Illness	Getting Older	Work Accident	Home Accident	Travel Accident	Genetic Hereditary	Environmental Cause	Cause Unknown	TOTAL
Head – Neck	No.	10	7	2	3	7	9	2	4	32	76
	%	13.2	9.2	2.6	3.9	9.2	11.8	2.6	5.3	42.1	100.0
Spine – Trunk	No.	8	5	17	69	17	12	11	12	59	210
	%	3.8	2.4	8.1	32.9	8.1	5.7	5.2	5.7	28.1	100.0
Foot	No.	1	7	3	5	5	10	4	1	20	56
	%	1.8	12.5	5.4	8.9	8.9	17.9	7.1	1.8	35.7	100.0
Arms	No.	3	7	2	8	5	1	2	3	7	38
	%	7.9	18.4	5.3	21.1	13.2	2.6	5.3	7.9	18.4	100.0
Hands	No.	3	3	5	6	4	2	2	6	15	46
	%	6.5	6.5	10.9	13.0	8.7	4.3	4.3	13.0	32.6	100.0
Musculo-skeletal – Multiple	No.	12	14	7	5	2	6	20	7	70	143
	%	8.4	9.8	4.9	3.5	1.4	4.2	14.0	4.9	49.0	100.0
Sight	No.	8	11	15	5	7	3	11	0	20	80
	%	10.0	13.8	18.8	6.3	8.8	3.8	13.8	0.0	25.0	100.0
Hearing	No.	20	29	10	10	5	3	15	18	33	143
	%	14.0	20.3	7.0	7.0	3.5	2.1	10.5	12.6	23.1	100.0
Speech	No.	5	3	0	0	0	1	2	3	4	18
	%	27.8	16.7	0.0	0.0	0.0	5.6	11.1	16.7	22.2	100.0

TABLE 21: (cont'd)

PERCEIVED PRIMARY CAUSE OF FIRST-MENTIONED PHYSICAL PROBLEM

FUNCTIONAL LIMITATION FIRST-MENTIONED		Birth	Illness	Getting Older	Work Accident	Home Accident	Travel Accident	Genetic Hereditary	Environ-mental Cause	Cause Unknown	TOTAL
Balance	No.	0	3	1	1	2	0	0	0	8	15
	%	0.0	20.0	6.7	6.7	13.3	0.0	0.0	0.0	53.3	100.0
Endurance	No.	0	2	0	0	0	0	0	2	4	8
	%	0.0	25.0	0.0	0.0	0.0	0.0	0.0	25.0	50.0	100.0
Pain	No.	0	0	0	0	0	0	0	0	4	4
	%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0
Internal Organs	No.	8	12	2	1	0	0	16	7	47	93
	%	8.6	12.9	2.2	1.1	0.0	0.0	17.8	7.5	50.5	100.0
Heart – Lungs	No.	17	66	17	5	3	1	69	56	138	372
	%	4.6	17.7	4.6	1.3	0.8	0.3	18.5	15.1	37.1	100.0
Peripheral – Vascular	No.	2	22	13	1	0	2	45	9	77	171
	%	1.2	12.9	7.6	0.6	0.0	1.2	26.3	5.3	45.0	100.0
Skin	No.	0	0	1	0	0	1	4	1	5	12
	%	0.0	0.0	8.3	0.0	0.0	8.3	33.3	8.3	41.7	100.0
Knee	No.	2	3	2	2	5	2	4	1	16	37
	%	5.4	8.1	5.4	5.4	13.5	5.4	10.8	2.7	43.2	100.0
Hip – Pelvis	No.	3	7	2	7	6	1	4	1	10	41
	%	7.3	17.1	4.9	17.1	14.6	2.4	9.8	2.4	24.4	100.0
Leg	No.	6	14	6	15	2	10	6	5	21	85
	%	7.1	16.5	7.1	17.6	2.4	11.8	7.1	5.9	24.7	100.0
Epilepsy	No.	3	5	0	1	3	0	3	0	16	31
	%	9.7	16.1	0.0	3.2	9.7	0.0	9.7	0.0	51.6	100.0
Other	No.	3	2	0	0	0	0	0	1	5	11
	%	27.3	18.2	0.0	0.0	0.0	0.0	0.0	9.1	45.5	100.0
Total	No.	114	222	105	144	73	64	220	137	611	1690
	%	6.7	13.1	6.2	8.5	4.3	3.8	13.0	8.1	36.2	100.0

(ii) PHYSICAL PROBLEMS AND FUNCTIONAL LIMITATIONS

(c) Perceived Primary Cause

TABLE 22: Number and Percentage of Respondents by Sex and Perceived Primary Cause of First-Mentioned Physical Problem

What caused { your condition? / each of these conditions? }
MODULE 3-4

PERCEIVED PRIMARY CAUSE OF FIRST-MENTIONED PHYSICAL PROBLEM

SEX		Birth	Illness	Getting Older	Work Accident	Home Accident	Travel Accident	Genetic-Hereditary	Environ-mental Cause	Cause Unknown	TOTAL
Male	No.	53	99	43	117	35	33	94	80	244	798
	%	6.6	12.4	5.4	14.7	4.4	4.1	11.8	10.0	30.6	100.0
Female	No.	60	123	62	27	38	31	126	55	364	886
	%	6.8	13.9	7.0	3.0	4.3	3.5	14.2	6.2	41.1	100.0
TOTAL:		113	222	105	144	73	64	220	135	608	1684

TABLE 23: Number and Percentage of Respondents by Five-Year Age Group and Perceived Primary Cause of First-Mentioned Physical Problem

What is your date of birth?
MODULE 2-2

What caused your condition? / each of these conditions?
MODULE 3-4

PERCEIVED PRIMARY CAUSE OF FIRST-MENTIONED PHYSICAL PROBLEM

AGE GROUP		Birth	Illness	Getting Older	Work Accident	Home Accident	Travel Accident	Genetic-Hereditary	Environmental Cause	Cause Unknown	TOTAL
0 - 4	No.	2	1	0	0	0	0	0	0	0	3
	%	66.7	33.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
5 - 9	No.	17	2	0	0	0	1	8	3	11	42
	%	40.5	4.8	0.0	0.0	0.0	2.4	19.0	7.1	26.2	
10 - 14	No.	14	2	0	2	2	1	8	0	9	38
	%	36.8	5.3	0.0	5.3	5.3	2.6	21.1	0.0	23.7	
15 - 19	No.	17	7	0	1	1	4	7	1	14	52
	%	32.7	13.5	0.0	1.9	1.9	7.7	13.5	1.9	26.9	
20 - 24	No.	11	4	0	1	3	1	6	1	6	33
	%	33.3	12.1	0.0	3.0	9.1	3.0	18.2	3.0	18.2	
25 - 29	No.	6	2	0	4	6	4	5	1	11	39
	%	15.4	5.1	0.0	10.3	15.4	10.3	12.8	2.6	28.2	
30 - 34	No.	9	3	0	6	5	8	12	3	16	62
	%	14.5	4.8	0.0	9.7	8.1	12.9	19.4	4.8	25.8	
35 - 39	No.	1	3	0	16	2	4	2	6	22	56
	%	1.8	5.4	0.0	28.6	3.6	7.1	3.6	10.7	39.3	
40 - 44	No.	8	9	1	15	3	7	9	6	30	88
	%	9.1	10.2	1.1	17.0	3.4	8.0	10.2	6.8	34.1	

TABLE 23: (cont'd) **PERCEIVED PRIMARY CAUSE OF FIRST-MENTIONED PHYSICAL PROBLEM (cont'd)**

AGE GROUP		Birth	Illness	Getting Older	Work Accident	Home Accident	Travel Accident	Genetic-Hereditary	Environ-mental Cause	Cause Unknown	TOTAL
45 - 49	No.	2	11	2	11	8	3	17	13	42	109
	%	1.8	10.1	1.8	10.1	7.3	2.8	15.6	11.9	38.5	
50 - 54	No.	5	19	4	16	9	4	27	12	68	164
	%	3.0	11.6	2.4	9.8	5.5	2.4	16.5	7.3	41.5	
55 - 59	No.	7	35	13	20	10	8	31	24	83	231
	%	3.0	15.2	5.6	8.7	4.3	3.5	13.4	10.4	35.9	
60 - 64	No.	4	37	12	18	7	4	30	19	95	226
	%	1.8	16.4	5.3	8.0	3.1	1.8	13.3	8.4	42.0	
65 - 69	No.	6	32	21	24	5	5	22	18	87	220
	%	2.7	14.5	9.5	10.9	2.3	2.3	10.0	8.2	39.5	
70 - 74	No.	1	26	19	6	4	7	17	19	57	156
	%	0.6	16.7	12.2	3.8	2.6	4.5	10.9	12.2	36.5	
75 - 79	No.	3	20	16	2	5	2	10	5	38	101
	%	3.0	19.8	15.8	2.0	5.0	2.0	9.9	5.0	37.6	
80 - 84	No.	0	6	14	1	2	1	8	3	13	48
	%	0.0	12.5	29.2	2.1	4.2	2.1	16.7	6.3	27.1	
85 and Over	No.	1	2	3	1	1	0	1	3	7	19
	%	5.3	10.5	15.8	5.3	5.3	0.0	5.3	15.8	36.8	
TOTAL:		114	221	105	144	73	64	220	137	609	1687
		6.8	13.1	6.2	8.5	4.3	3.8	13.0	8.1	36.1	100.0

(iii) NEED-RELATED CHARACTERISTICS

(a) Activities of Daily Living

TABLE 24: Number and Percentage of Respondents Finding These Social Problems, Issues and Daily Living Areas Presenting a Problem, as a Result of Their Physical Problem

I'd like to read a list of social problems, issues and daily living areas. As a result of your condition please tell me which of these presents a 'big problem', 'small problem', or 'does not affect you', *at the present time?*

MODULE 4-1

EFFECT OF PROBLEM

PROBLEM, ISSUE OR AREA	A Big Problem In My Life		A Small Problem In My Life		Does Not Affect Me		Missing Data		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Day to Day Functioning	309	17.5	655	37.1	800	45.4	0	0.0	1764	100.0
Recreational/Social Activities	353	20.0	594	33.7	817	46.3	0	0.0	1764	100.0
Entry into or exit out of buildings	252	14.3	456	25.9	1056	59.9	0	0.0	1764	100.0
Medical or Rehab. Treatment	186	10.5	374	21.2	1203	68.2	1	0.1	1764	100.0
Mobility in your Community	193	10.9	347	19.7	1224	69.4	0	0.0	1764	100.0
Transportation Services	189	10.7	322	18.3	1253	71.03	0	0.0	1764	100.0
Family Relationships	115	6.5	369	20.9	1278	72.5	2	0.1	1764	100.0
Income Security	247	14.0	233	13.2	1284	72.8	0	0.0	1764	100.0
Aids, Devices or Special Equipment	104	5.9	272	15.4	1388	78.7	0	0.0	1764	100.0
Information about Available Services	136	7.7	234	13.3	1393	79.0	1	0.1	1764	100.0
Finding a Job	223	12.6	104	5.9	1436	81.4	1	0.1	1764	100.0
Discrimination by Public	74	4.2	160	9.1	1529	86.7	1	0.1	1764	100.0
Accommodation/Housing	50	2.8	124	7.0	1590	90.1	0	0.0	1764	100.0
School or Educational Programs	67	3.8	97	5.5	1600	90.7	0	0.0	1764	100.0
Finding a Job Training Program	90	5.5	64	3.6	1610	91.3	0	0.0	1764	100.0
Social Services (Counselling, Homemaker, Day Care, etc.)	56	3.2	82	4.7	1625	92.1	1	0.1	1764	100.0
Personal Support Care Services, i.e. Nursing Attendants	38	2.2	47	2.7	1679	95.2	0	0.0	1764	100.0

TABLE 25: Number and Percentage of Respondents by Category of Managing Each Activity

I am interested in understanding how you carry out certain activities.

I'll read you a list of activities. Please give me the answer or the number on the flash card that *best* describes how you manage to carry out each one.

MODULE 5-1

HOW RESPONDENT MANAGES ACTIVITY

Activity	I can do it by myself without any difficulty and without any assistance from people or devices		I can do it sometimes by myself		I can do it if someone helps me		I can do it with aid or device		I think I can do it. Others doing it for me now		I don't know how but I can learn		I can't do it at all even if I wanted to.		Tele-Types		Electric Wheelchairs		Missing Response		TOTAL	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Basic Cooking	1256	71.2	105	6.0	37	2.1	7	0.4	100	5.7	27	1.5	66	3.7	0	0.0	0	0.0	166	9.4	1764	100.0
Doing Your Laundry	1046	59.3	101	5.7	58	3.3	6	0.3	148	8.4	45	2.6	161	9.1	0	0.0	0	0.0	199	11.3	1764	100.0
Doing Light Housekeeping (dust)	1153	65.4	126	7.1	34	1.9	5	0.3	103	5.8	18	1.0	147	8.3	0	0.0	0	0.0	178	10.1	1764	100.0
Doing Heavy Housekeeping (scrub)	528	29.9	181	10.3	129	7.3	7	0.4	91	5.2	17	1.0	608	34.5	0	0.0	0	0.0	203	11.5	1764	100.0
Feeding Your Children	187	10.6	8	0.5	2	0.1	0	0.0	0	0.0	1	0.1	7	0.4	0	0.0	0	0.0	1559	88.4	1764	100.0
Dressing Your Children	150	8.5	8	0.5	2	0.1	0	0.0	2	0.1	1	0.1	9	0.5	0	0.0	0	0.0	1592	90.2	1764	100.0
Driving a Car	815	46.2	71	4.0	2	0.1	17	1.0	23	1.3	43	2.4	286	16.2	0	0.0	0	0.0	507	28.7	1764	100.0
Bathing Your Children	134	7.6	14	0.8	3	0.2	0	0.0	2	0.1	2	0.1	14	0.8	0	0.0	0	0.0	1595	90.4	1764	100.0
Carrying Your Children	105	6.0	18	1.0	6	0.3	1	0.1	2	0.1	1	0.1	34	1.9	0	0.0	0	0.0	1597	90.5	1764	100.0
Getting In and Out of Your Bed	1529	86.7	164	9.3	27	1.5	22	1.3	0	0.0	0	0.0	10	0.6	0	0.0	0	0.0	12	0.7	1764	100.0
Moving In a Manual Wheelchair	26	1.5	13	0.7	9	0.5	0	0.0	1	0.1	0	0.0	7	0.4	0	0.0	36	2.0	1672	94.8	1764	100.0
Going Up or Down Stairs	1013	57.4	282	16.0	48	2.7	329	18.7	2	0.1	0	0.0	83	4.7	0	0.0	0	0.0	7	0.4	1764	100.0
Dressing Yourself	1580	89.6	96	5.4	59	3.3	5	0.3	0	0.0	0	0.0	16	0.9	0	0.0	0	0.0	8	0.5	1764	100.0
Grooming (Brush Hair, Shave)	1633	92.6	62	3.5	32	1.8	1	0.1	4	0.2	0	0.0	23	1.3	0	0.0	0	0.0	9	0.5	1764	100.0
Getting In and Out of the Tub (shower)	1366	77.4	134	7.6	81	4.6	81	4.6	0	0.0	0	0.0	86	4.9	0	0.0	0	0.0	16	0.9	1764	100.0
Bathing Yourself (showering)	1629	92.4	53	3.0	45	2.6	2	0.1	0	0.0	0	0.0	27	1.5	0	0.0	0	0.0	8	0.5	1764	100.0
Feeding Yourself	1713	97.1	22	1.3	13	0.7	2	0.1	0	0.0	0	0.0	6	0.3	0	0.0	0	0.0	8	0.5	1764	100.0
Getting On and Off the Toilet	1663	94.3	29	1.6	17	1.0	28	1.6	1	0.1	0	0.0	15	0.9	0	0.0	0	0.0	11	0.6	1764	100.0
Independence In Bladder	1656	93.9	36	2.0	3	0.2	18	1.0	0	0.0	2	0.1	15	0.9	0	0.0	0	0.0	34	1.9	1764	100.0
Independence In Bowel	1651	93.6	29	1.6	5	0.3	36	2.0	0	0.0	1	0.1	9	0.5	0	0.0	0	0.0	33	1.9	1764	100.0
Taking Medication by Yourself	1617	91.7	24	1.4	46	2.6	4	0.2	6	0.3	0	0.0	20	1.1	0	0.0	0	0.0	47	2.7	1764	100.0
Going From One Room to Another	1607	91.1	66	3.7	9	0.5	67	3.8	0	0.0	0	0.0	7	0.4	0	0.0	0	0.0	8	0.5	1764	100.0
Using Small Objects Like a Key	1568	88.9	127	7.2	11	0.6	3	0.2	1	0.1	1	0.1	38	2.2	0	0.0	0	0.0	15	0.9	1764	100.0
Using the Telephone	1554	88.1	72	4.1	26	1.5	48	2.7	2	0.1	1	0.1	41	2.3	1	0.1	0	0.0	19	1.1	1764	100.0
Ride a 2-wheel Bike	71	4.0	5	0.3	1	0.1	2	0.1	0	0.0	3	0.2	15	0.9	0	0.0	0	0.0	1667	94.5	1764	100.0
Skip/Jump Rope	60	3.4	9	0.5	0	0.0	0	0.0	0	0.0	5	0.3	23	1.3	0	0.0	0	0.0	1667	94.5	1764	100.0
Catch/Throw a Ball	82	4.7	8	0.5	4	0.2	0	0.0	0	0.0	0	0.0	4	0.2	0	0.0	0	0.0	1666	94.4	1764	100.0
Colour/Paint	90	5.1	4	0.2	2	0.1	0	0.0	0	0.0	1	0.1	0	0.0	0	0.0	0	0.0	1667	94.5	1764	100.0
Ice Skate	57	3.2	6	0.3	4	0.2	0	0.0	0	0.0	13	0.7	18	1.0	0	0.0	0	0.0	1666	94.4	1764	100.0

(III) NEED-RELATED CHARACTERISTICS

(b) Mobility and Transportation

TABLE 26: Number and Percentage of Respondents Reporting Each Cause and Location of Difficulty, as a Result of Their Physical Problem, with Entrances and Entering Buildings

When it comes to getting into a building, do any of the following give you any difficulty?
MODULE 6-2

CAUSE OF DIFFICULTY	No.	%*
No Ramping	102	5.8
Poor Ramping	98	5.6
Doors too Narrow	59	3.3
Doors too Heavy	406	23.0
Too Many Other Barriers	116	6.6
No Assistance to get in	113	6.4
Too Many People, too crowded	243	13.8
Stairs without Railings	616	34.9
Distance to the Building from parking lot or from transportation	383	21.7

I'll read you a list of different types of buildings. Please tell me whether you have *much* difficulty, *some* difficulty, or *no* difficulty getting in or out of . . .
MODULE 6-3

LOCATION OF DIFFICULTY	No.	%*
Government Federal (e.g. Manpower, Post Office)	312	17.7
Provincial (e.g. COMSOC, Auto Licence Office)	256	14.5
Municipal (e.g. City Hall, Clinics)	288	16.3
Recreational Facilities (including sports)	278	15.7
Theatres	243	13.8
Restaurants	257	14.6
Employment Related Buildings	193	10.9
Grocery Stores	295	16.7
Other Shopping, including Malls	320	18.8
Medical Facilities/Social Agencies	303	17.2
Educational Facilities	168	9.5
Bus or Train Stations	311	17.6
Subway Stations	289	16.4
Places of Worship	261	14.8
Airports	267	15.1

*This is a multiple response table. Numbers are expressed as a percentage of the total number of respondents, 1764.

TABLE 27: Number and Percentage of Respondents by Description of How They Get About Inside Their Home/Institution

Which of the following statements most accurately describe how you get about inside your home/institution?
MODULE 6-4

MOBILITY INSIDE OWN HOME/INSTITUTION	No.	%
Must stay in bed all or most of the time	9	0.5
Need help of another person in getting around the house/institution	20	1.1
Need the help of some special aid such as a walker or wheelchair to get about the house/institution	111	6.3
Do not need the help of another person or special aid but have trouble getting around freely	278	15.8
No problems at all getting in or out	1346	76.3
TOTAL:	1764	100.0

TABLE 28: Number and Percentage of Respondents by Description of How They Get In and Out of Their Home/Institution

Which one of the following statements best describes how you get in and out of your home/institution?
MODULE 6-5

MOBILITY IN AND OUT OF OWN HOME/INSTITUTION	No.	%
Must stay indoors all or most of time	28	1.6
Must have human assistance all the time to get in and out	71	4.0
Must have a special aid or device to help me get in or out	107	6.1
Must have lift or ramp to help me get in or out	11	0.6
Do not need help of another person or special aid, but have difficulty getting in or out	217	12.3
No problem at all getting in or out	1329	75.3
Missing	1	0.1
TOTAL:	1764	100.0

TABLE 29: Number and Percentage of Respondents by Description of Mobility Outside the Home/Institution, in the Community

Finally, which of these statements *best* describes your mobility *outside* your home/institution in the community?
MODULE 6-6

MOBILITY OUTSIDE OWN HOME/INSTITUTION	No.	%
Must stay indoors all or most of time	34	1.9
Must have human assistance all the time	114	6.5
Must have a special aid, device or transportation	120	6.8
Do not need help of another person or special aid, but have trouble getting around freely	302	17.1
No problems at all, get about freely	1194	67.7
TOTAL:	1764	100.0

TABLE 30: Number and Percentage of Respondents by Description of Use Made of Regular Public Bus or Streetcar Transportation

> Earlier, we asked you whether you could get into particular buildings: now, we we would like to ask you whether transportation to the buildings is difficult.
>
> Which best describes how you can make use of regular *public* bus or streetcar transportation?
>
> MODULE 10-1

USE MADE OF REGULAR PUBLIC BUS OR STREETCAR	No.	%
Can't use at all. Physically unable	154	8.7
Must have human assistance getting to, onto or off public transportation services	60	3.4
Must have assistance of a device or aid to get on or off	56	3.2
Don't need assistance but have difficulty	268	15.2
No problems at all	840	47.6
Not available in community	383	21.7
Missing	3	0.2
TOTAL:	1764	100.0

TABLE 31: Number and Percentage of Respondents Having Difficulty Using Public Transportation Available in the Community, by Reason for Difficulty When Using Public Transportation Services

What makes it difficult for you to use *public* transportation services?
MODULE 10-2

REASON FOR DIFFICULTY USING PUBLIC TRANSPORTATION	No.	%
Getting to the service	54	10.6
Public transportation is poor/non-existent	130	25.5
Toilet needs	9	1.8
Availability of right service	8	1.6
Cost	8	1.6
Getting on and off (stairs)	257	50.4
Location of transportation services	20	3.9
Weather	22	4.3
Escalators	2	0.4
Other	0	0
TOTAL:	510	100.0

TABLE 32: Number and Percentage of Respondents by Description of Use of Private Transportation Such as Car or Taxi

Which best describes how you can make use of private transportation, such as a car or taxi?
MODULE 10-3

USE OF PRIVATE TRANSPORTATION	No.	%
Can't use at all. Physically unable	10	0.6
Must have human assistance getting in or out	110	6.2
Must have assistance of a device or aid to get in or out	36	2.0
Don't need assistance but have difficulty	243	13.8
No problems at all	1364	77.3
Missing	1	0.1
TOTAL:	1764	100.0

TABLE 33: Number and Percentage of Respondents by Description of Use of Special Transportation Such as Van Services or Wheel-Trans

Do you use special transportation such as van services or wheel-trans, and if so which do you most often use?
MODULE 10-4

USE OF SPECIAL TRANSPORTATION	No.	%
Can't use any. Physically unable	3	0.2
Ambulance	16	0.9
Can only use van services (parallel transportation or wheels-trans services)	14	0.8
Able to use specially scheduled buses, if assisted	22	1.2
No problems at all with any type of transportation	74	4.2
Don't use any	1392	78.9
Not available in this community	240	13.6
Missing	3	0.2
TOTAL:	1764	100.0

TABLE 34: Number and Percentage of Metro Toronto Respondents by Description of Use of the Subway

For Respondents in Metro Toronto,
which best describes how you make use of the subway?
MODULE 10-5

USE OF SUBWAY	No.	%
Can't use. Physically unable	81	16.8
Must have human assistance getting into or out of station	23	4.8
Must have assistance of a device, or aid to get on or off vehicle	15	3.1
Don't need assistance, but have difficulty	125	25.9
No problems at all	238	49.4
TOTAL:	482	100.0

TABLE 35: Number and Percentage of Respondents by Type of Activity Presenting The Most Serious Transportation Problem

Which type of activity usually presents the most serious transportation problems for you?
MODULE 10-6

ACTIVITY PRESENTING TRANSPORTATION PROBLEM	No.	%
None	1254	71.1
Social	32	1.8
Shopping	97	5.5
Medical care/treatment	111	6.3
Recreatio al	23	1.3
Work	33	1.9
School/Education	7	0.4
All	175	9.9
Other	27	1.5
Missing	5	0.3
	TOTAL: 1764	100

(iii) NEED-RELATED CHARACTERISTICS

(c) Housing

TABLE 36: Number and Percentage of Respondents by Type of Dwelling

The respondent's dwelling type. Circle answer –
MODULE 11-2

TYPE OF DWELLING	No.	%
Single detached	1199	68.0
Single house attached	56	3.2
Semi-detached	96	5.4
Row house	55	3.1
Duplex	23	1.3
Apartment	302	17.1
Mobile home	12	0.7
Institution	1	0.1
Other	20	1.1
TOTAL:	1764	100

TABLE 37: Number and Percentage of Respondents Who Feel Their Dwelling is a Good Place to Live

Is this a good place for you to live?
MODULE 11-8

DWELLING IS A GOOD PLACE TO LIVE	No.	%
No	187	10.6
Yes	1569	88.9
Missing	8	0.5
	TOTAL: 1764	100

TABLE 38: Number and Percentage of Respondents Who Do Not Feel Their Dwelling is a Good Place to Live, by more Suitable Type of Accommodation

What type of accommodation would be better suited for you?
MODULE 11-9

MORE SUITABLE TYPE OF ACCOMMODATION	No.	%
Better Design/Fewer Physical Barriers	64	36.0
Institutional care	2	1.1
Better location, more convenient	58	32.6
More private accommodation	10	5.6
Closer to friends	5	2.8
Less expensive	28	15.7
More space	3	1.7
Housing with support services	8	4.5
TOTAL:	178	100

TABLE 39: Number and Percentage of Respondents Who Have Made Alterations or Adjustments to their Home in Order to Make Fuller Use of it

Have you (or householder) made any alterations or adjustments to your home that helped you make fuller use of the house?
MODULE 11-11

ALTERATIONS OR ADJUSTMENTS MADE TO HOME	No.	%
No	1522	86.3
Yes	235	13.3
Missing	7	0.4
TOTAL:	1764	100.0

TABLE 40: Number and Percentage of Respondents by Number of Times Moved During the Past Five Years

How many times have you moved during the past five years?
MODULE 11-4

NUMBER OF TIMES MOVED	No.	%
0 Times	1227	70.0
1 Time	333	19.0
2 Times	105	6.0
3 Times	57	3.0
4 or more Times	40	2.0
Missing	2	(0.1)
	TOTAL: 1764	100.0

TABLE 41: Number and Percentage of Respondents Who Moved by Reason for Moving

Generally speaking, what is the main reason for moving?
MODULE 11-5

REASON FOR MOVING	No.	%
Can't afford rent	39	7.3
Treatment better elsewhere	5	0.9
Family moved	52	9.8
Better Accommodation	211	39.7
Better access to services	20	3.8
Better access to employment	32	6.0
Better access to education	4	0.8
To be more independent	17	3.2
No special reason	15	2.8
Other	137	25.8
TOTAL:	532	100.0

(III) NEED-RELATED CHARACTERISTICS

(d) Recreation

TABLE 42: Number and Percentage of Respondents Who Feel They are Limited from Participating in Leisure and Recreational Activities They Would Like, by Limiting Factor

What would you say most limits you from doing these activities?
MODULE 9-3

FACTOR LIMITING PARTICIPATION IN LEISURE/ RECREATIONAL ACTIVITIES	No.	%
There is no opportunity to participate near my home	21	2.2
It costs too much to participate (including equipment costs)	31	3.2
The facilities or area to do it near my home are poor quality, inadequate, not challenging	5	0.5
The facilities near my home are too crowded	3	0.3
I am physically unable to participate	841	86.3
Not enough time – because of work (school)	4	0.4
Not enough time – because of responsibilities at home	5	0.5
Too dangerous	17	1.7
Other	40	4.1
*Don't know how	8	0.8
TOTAL:	975	100.0

*This response category was not shown on questionnaire.

(III) NEED-RELATED CHARACTERISTICS

(e) Impact of Handicap on Family

TABLE 43: Number and Percentage of Respondents by Effect of Their Condition on Their Immediate Family

How do you think having a child like .....(Name)..... with special needs has affected your personal needs?
(or)
How do you think your condition has affected your immediate family?
MODULE 13-1

EFFECT OF CONDITION ON IMMEDIATE FAMILY	No.	%
No problem	914	51.8
Brought us together/improved life/more co-operation	167	9.5
Created family stress/fatigue/depression	344	19.5
Made us aware of others with problems	90	5.1
Created financial difficulties	66	3.7
Required special re-arrangements (such as vacations)	61	3.5
Other	102	5.8
Missing	20	1.1
TOTAL:	1764	100.0

TABLE 44: Number and Percentage of Respondents by Effect of Their Condition on Their Relationship with Their Spouse

How do you think having a child like .....(Name)..... has affected your relationship with your spouse?
(or)
How do you think your condition has affected your relationship with your spouse?
MODULE 13-3

EFFECT OF CONDITION ON RELATIONSHIP WITH SPOUSE	No.	%
No problem	771	43.7
Brought us together	150	8.5
Stress/tension increased	282	16.0
Free time activity problems	31	1.8
Created financial problems	53	3.0
Required special arrangements, e.g. vacations	28	1.6
Not married or living with anyone	330	18.7
Other	99	5.6
Missing	20	1.2
	TOTAL: 1764	100.0

(III) NEED-RELATED CHARACTERISTICS

(f) Employment and Job Training

TABLE 45: Number and Percentage of Respondents by Employment Status

PRESENTLY, ARE YOU
1. Employed part time? (30 hours per week or less)
2. Employed full-time? (more than 30 hours per week)
3. A student? 5. A homemaker? 7. Unemployed?
4. Pre-schooler? 6. Retired?

MODULE 7-1

EMPLOYMENT STATUS	No.	%
Employed Part-Time (30 hours per week or less)	119	6.7
Employed Full Time (more than 30 hours per week)	334	18.9
Unemployed	188	10.7
*Other (Student, Pre-Schooler, Homemaker, Retired, Missing)	1123	63.7
TOTAL:	1764	100.0

*Multiple responses were allowed to the question, and because of the manner in which these data were coded, accurate estimates of these separate categories could not be included in this table.

TABLE 46: Number and Percentage of Adult Respondents Who Feel That Their Condition has Necessitated Special Training or Additional Education for Employment.

Adults only:
As a result of your condition has it been necessary for you to obtain special training or additional education for employment?
MODULE 7-3

SPECIAL TRAINING OR ADDITIONAL EDUCATION NEEDED FOR EMPLOYMENT	No.	%
No	1602	95.1
Yes	82	4.9
TOTAL:	1684	100.0

TABLE 47: Number and Percentage of Adult Respondents Who Wish to Take Further Training or Education

Adults only:
Is there any further training or education you would now like to take? Do you know where you would like to study?
MODULE 7-4

FURTHER TRAINING OR EDUCATION	No.	%
No	1423	85.8
Yes	236	14.2
TOTAL:	1659	100.0

TABLE 48: Number and Percentage of Employed Respondents by Kind of Work Generally Done

Briefly, describe the kind of work you generally do, describe –
MODULE 7-10

KIND OF WORK GENERALLY DONE	No.	%
Clerical and General Office work (e.g. typing, telephone receptionist, filing, book-keeping, etc.)	61	13.5
Sales Occupation (selling insurance, cars, clothes, etc.)	37	8.2
Service Occupation (police, bartending, floor cleaning, etc.)	68	15.0
Farming, Fishing, Mining, Factory	23	5.1
Manual Labourer (construction, freight, packager, etc.)	46	10.2
Skilled and Semi-Skilled Trades (assembly-line, electrician, etc.)	80	17.7
Transportation Occupation (truck driver, pilot, stewardess, etc.)	11	2.4
First Level Supervisor (foreman, etc.)	22	4.9
Teaching (school teacher, safety trainer, driving instructor, etc.)	12	2.6
Scientific and Technical (doctor, nurse, dentist, civil engineer, etc.)	33	7.3
Social and Artistic (social worker, lawyer, economist, writer, artist, etc.)	12	2.6
Executive Managerial and Related (accountant, bank manager, personnel manager, etc.)	40	8.8
Other	8	1.8
TOTAL:	453	100.0

TABLE 49: Number and Percentage of Employed Respondents by Type of Payment

In your job, are you mainly working:
MODULE 7-11

TYPE OF PAYMENT RECEIVED	No.	%
For wages or salary	378	84.2
For tips or commission	14	3.1
Without pay in a family farm or business	5	1.1
As a self-employed person without paid help	23	5.1
As a self-employed person with paid help	28	6.2
As a volunteer without pay	1	0.2
TOTAL:	449	100.0

TABLE 50: Number and Percentage of Employed Respondents Who Feel They are Limited as a Result of Their Physical Problem When Searching For or Obtaining Employment, by Reason for Limitation

Were you ever limited, as a result of your condition, in searching for, or obtaining employment; and if so, why?
MODULE 7-12

REASON FOR LIMITATION WHEN SEARCHING FOR EMPLOYMENT	No.	%
Not ever limited	343	76.6
Discriminatory Practices	11	2.5
Problems of access or mobility	12	2.7
Transportation	0	0.0
Not enough skills	1	0.2
Tools or equipment not adapted	1	0.2
Employer assessed me as inappropriate	24	5.4
Conditions of job poor or unsafe	8	1.8
Other	48	10.7
TOTAL:	448	100.0

TABLE 51: Number and Percentage of Employed Respondents by Reason Which Generally Prevented Them from Taking a Job Offer

What reason generally prevents you from taking a job offer?
MODULE 7-13

REASON FOR NOT TAKING JOB OFFER	No.	%
Never had the Problem	355	79.1
Poor Pay	4	0.9
Inaccessible Buildings	0	0.0
Transportation Problems	2	0.4
Conditions in Job (e.g. Unsafe)	7	1.6
Attitude of Co-workers	1	0.2
Health Problem Related to Problem	52	11.6
Job not Interesting	5	1.1
Job Below my Abilities	5	1.1
Other	18	4.0
TOTAL:	449	100.0

TABLE 52: Number and Percentage of Employed Respondents by Factor Which Helped Most in Getting Their Last Job

Could you describe what one thing most helped you get your last job?
MODULE 7-14

FACTOR WHICH MOST HELPED IN GETTING LAST JOB	No.	%
My Own Skills	318	70.0
Positive Employer Attitude	15	3.3
Placement Agency (private)	4	0.9
Social or Government Organization	11	2.4
Assistance from Volunteer or other Person	46	10.1
Other	60	13.2
TOTAL:	454	100.0

TABLE 53: Number and Percentage of Employed Respondents by Problems Currently Experienced on the Job, as a Result of Their Physical Problem

Do you now have any problems "on the job" as a result of your condition?
MODULE 7-15

CURRENTLY EXPERIENCED PROBLEM ON THE JOB	No.	%
None	243	54.1
Environmental Barriers (building, furniture)	23	5.1
Attitude of Others	7	1.6
Non-Usable Equipment/Tools	15	3.3
Advancement Problems	6	1.3
Personal Conveniences Poor	2	0.4
Communication Problems	16	3.6
Other	137	30.5
TOTAL:	449	100.0

TABLE 54 : Number and Percentage of Employed Respondents Who Were Asked to Leave a Job, or Were Made to Feel They Had to Leave a Job, Because of Their Physical Problem

Were you ever asked to leave a job or were you made to feel as though you had to leave a job because of your condition?
MODULE 7-16

ASKED TO LEAVE A JOB	No.	%
No	404	90.8
Yes	41	9.2
TOTAL:	445	100.0

TABLE 55: Number and Percentage of Unemployed Respondents Who Have Ever Been Employed Before.

Have you ever been employed before?
MODULE 7-17

EMPLOYED BEFORE	No.	%
No	13	6.9
Yes	176	93.1
TOTAL:	189	100.0

TABLE 58: Number and Percentage of Unemployed Respondents Who Were Limited When Searching For or Obtaining Employment Because of Their Physical Problem, by Reason for Limitation

Were you ever limited, as a result of your condition in searching for or obtaining employment?
MODULE 7-19

REASON FOR LIMITATION WHEN SEARCHING FOR EMPLOYMENT	No.	%
Not Limited	53	28.0
Discriminatory Practices	13	6.9
Problems of Access or Mobility	17	9.0
Transportation	2	1.1
Not Enough Skills	14	7.4
Employer Assessed me as Inappropriate	31	16.4
Conditions on Job Poor or Unsafe	9	4.8
Other	50	26.4
TOTAL:	189	100.0

TABLE 57: Number and Percentage of Unemployed Respondents Who Would be Helped to Get a Job by Job Training Assistance

Would some type of job training assistance help you get a job?
MODULE 7-20

HELPED BY JOB TRAINING ASSISTANCE	No.	%
No	99	52.9
Can't Say	18	9.6
Yes	70	37.4
TOTAL	187	100.0

TABLE 58: Number and Percentage of Unemployed Respondents Who Do Not Wish for Job Training Assistance, by Reason for Feeling that Way

Could you please tell me the reason you feel this way?
MODULE 7-22

REASON FOR NOT WISHING FOR JOB TRAINING ASSISTANCE	No.	%
I've tried it before and it didn't help	5	4.1
Don't know where to go	4	3.3
Not eligible	0	0.0
Not available in my community	3	2.5
Can't get out or about	6	4.9
No special reason	9	7.4
Health problem related to condition	61	50.0
Other	34	27.9
TOTAL	122	100.0

TABLE 59: Number and Percentage of Unemployed Respondents Who Have Had to Turn Down a Job Because of Their Physical Problem, by Reason for Turning Down the Job

Have you ever had to turn down a job because of your physical condition and if yes, why?
MODULE 7-23

REASON FOR HAVING TO TURN DOWN JOB	No.	%
No, Never Happened	105	55.3
Poor Pay or Work Conditions	1	0.5
Inaccessible Facility	1	0.5
Transportation problems getting there and back	0	0.0
Conditions on Job Unsafe	4	2.1
Attitude of co-workers/employer seemed poor	1	0.5
Health Problem Related to my Condition	69	36.3
Fear of Loss of Income Support	1	0.5
Other	8	4.2
TOTAL	190	100.0

TABLE 60: Number and Percentage of Unemployed Respondents Currently Interested in a Job

Given your current situation, would you now be interested in a job?
MODULE 7-24

CURRENTLY INTERESTED IN A JOB	No.	%
No	64	34.4
Yes	122	65.6
TOTAL	186	100.0

TABLE 61: Number and Percentage of Unemployed Respondents by Kind of Work Usually Done

What kind of work can you usually do? Describe.
MODULE 7-25

KIND OF WORK USUALLY DONE	No.	%
Clerical and General Office work (e.g., typing, telephone, receptionist, filing, bookkeeping, etc.)	29	15.5
Sales Occupation (selling insurance, cars, clothes, etc.)	17	9.1
Service Occupation (police, bartending, floor cleaning, etc.)	23	12.3
Farming, Fishing, Mining, Forestry	3	1.6
Manual Labourer (construction, freight, packager, etc.)	31	16.6
Skilled and Semi-skilled Trades (assembly-line, electrician, etc.)	35	18.7
Transportation Occupations (truck driver, pilot, stewardess, etc.)	6	3.2
First Level Supervisor (foreman, etc.)	3	1.6
Teaching (school teacher, safety trainer, driving instructors, etc.)	3	1.6
Scientific and Technical (doctor, nurse, dentist, civil engineer, etc.)	6	3.2
Social and Artistic (social worker, lawyer, economist, writer, artist, etc.)	2	1.1
Executive, Managerial and Related (accountant, bank manager, personal manager, etc.)	5	2.7
Sheltered Workshop	1	0.5
No Special Skills/Nothing	14	7.5
Other	9	4.8
TOTAL	187	100.0

(III) NEED-RELATED CHARACTERISTICS

(g) Extra Costs Attributed to the Handicap

TABLE 62: Number and Percentage of Respondents Burdened by Extra Expenses (For Which No Assistance is Received)

Many people have extra expenses as a result of their condition; for example, special equipment, medications, or home modifications and transportation costs.
Are you burdened by any for which you do not receive any assistance?
MODULE 7-29

EXTRA EXPENSE	No.	%*
None	940	53.3
Medical or Rehabilitative Services	179	10.1
Drugs	519	29.4
Personal Equipment or Aids	285	16.2
Special Modifications to make Home more Liveable	27	1.5
Transportation Services	189	10.7
Social Services (homemaking, day care)	32	1.8
Nursing or Attendant Care	18	1.0
Equipment Maintenance and Repair	66	3.7
Educational Services	3	0.2
Special Food	65	3.7

*This is a multiple response table. Numbers are expressed as a percentage of the total number of respondents, 1764.

(iii) NEED-RELATED CHARACTERISTICS

(h) Wants and Expectations

TABLE 63: Number and Percentage of Respondents Who Feel They are Made Sufficiently Aware of Government or Agency Services Dealing With Ontario's Disabled

Do you feel people like yourself are made sufficiently aware of Government or Agency Services dealing with Ontario's Disabled?
MODULE 8-1

AWARE OF GOVERNMENT OR AGENCY SERVICES	No.	%
No	917	52.0
Yes	805	45.6
Missing	42	2.4
TOTAL	1764	100.0

TABLE 64: Number and Percentage of Respondents Who Feel Services Need to be Better Advertised by Government, Agencies or Groups

I'd like to read you a list of services. Please tell me which ones need to be advertised better by Government, agencies or groups?
MODULE 8-2

SERVICE NEEDING BETTER ADVERTISING	No.	%*
Information on Access to Buildings	346	37.8
Accommodation and Housing	360	39.4
Advisory and Advocacy Groups	397	43.5
Special Aids or Equipment	409	44.6
Camps	278	30.4
Counselling	352	38.5
Day Care/Nursery Programs	271	29.7
Driver Information	305	33.3
Educational Services	360	39.3
Employment Services	391	42.7
Social and Recreational Services	360	39.3
Financial Assistance	560	61.1
Health Services	487	53.2
Social Services	422	46.1
Assisted Home Improvement Programs	354	38.6
Information Services	596	65.0
Insurance Programs	346	37.9
Parent Groups	285	31.2
Equipment Repairs	307	33.5
Sports Information	281	30.7
Transportation Services	387	42.3

*This is a multiple response table. Numbers are expressed as a percentage of the total number of respondents, 1764.

TABLE 65: Number and Percentage of Respondents Who Needed Medical or Rehabilitative Services, Related to their Physical Problem, in the Last Twelve Months

Do you feel that in the last 12 months you needed a particular Medical or Rehabilitative Service related to your condition?
MODULE 8-3

MEDICAL OR REHABILITATIVE SERVICE NEEDED IN LAST TWELVE MONTHS	No.	%*
Ambulance Service	117	6.6
Artificial Limbs	15	0.9
Hospitalization	511	29.0
Insurance Coverage (OHIP, Blue Cross)	963	54.6
Mobility Aids (canes, wheelchairs, etc.)	203	11.5
Health Counselling	78	4.4
Dental Care	136	7.7
Distress Assistance	22	1.2
Drugs	1198	67.9
Care at Home (attendants)	94	5.3
Family Planning, Birth Control	6	0.3
Diet or Food Counselling	211	12.0
Tests (blood, urine, blood pressure, etc.)	982	55.7
Genetic Information or Counselling	7	0.4
Genito-urinary Service, Leg Bag	24	1.4
Hearing Aids	89	5.0
Nursing Care at Home	57	3.2
OHIP Information	44	2.5
Orthopedic Shoes	38	2.2
Orthotic Appliances	15	0.9
Occupational Therapy	34	1.9
Physiotherapy	311	17.6
Sex Counselling	4	0.2
Speech Therapy	38	2.2
Medical Care – Consultation	1345	76.2

*This is a multiple response table. Numbers are expressed as a percentage of the total number of respondents, 1764.

TABLE 66: Number and Percentage of Respondents Who Needed Social Services, Related to Their Physical Problem, in the Last Year

Now let's turn to the various Social Services. During the last year, did you feel you needed a particular Social Service related to your condition, such as; Homemakers, Child Care, Counselling, etc.
MODULE 8-8

SOCIAL SERVICE NEEDED IN THE LAST YEAR	No.	%*
Accommodation or Housing	26	1.5
Advisory and Advocacy Groups	23	1.3
Equipment Services (including repairs) Aids, Devices	53	3.0
Camps	10	0.6
Financial Assistance	154	8.7
Counselling	67	3.8
Crisis Intervention	5	0.3
Day Care/Nursery Programs/Parent Relief	20	1.1
Vocational Rehabilitation	16	0.9
Employment	26	1.5
Transportation	84	4.8
Social/Recreational Programs	32	1.8
Diet, Nutrition Services	40	2.3
Home Care Programs	68	3.9
Homemaker Services	118	6.7
Meals-on-Wheels	17	1.0
Information and Advice	83	4.7
Nursing Homes, Residences	10	0.6

*This is a multiple response table. Numbers are expressed as a percentage of the total number of respondents, 1764.

TABLE 67: Number and Percentage of Respondents Who Feel That The Government Could or Should Do Things to Help People With Physical Problems

What things do you feel the Government could or should do to help people who are disabled and, in particular, people who have your condition?
MODULE 12-3

GOVERNMENT ACTION	No.	%*
More Legislation	230	13.0
More or Better Information Services	403	22.8
More Financial Benefits	702	39.8
More Services	429	24.3
More PR and Public Education	332	18.8
Improve Services	428	24.3

*This is a multiple response table. Numbers are expressed as a percentage of the total number of respondents, 1764.

07 Health problem related to my condition

08 Fear of loss of income support

09 Other (specify)_____

7-24 GIVEN YOUR CURRENT SITUATION, WOULD YOU NOW BE INTERESTED IN A JOB? 63 ☐

1. No
2. Yes

7-25 WHAT KIND OF WORK CAN YOU USUALLY DO? DESCRIBE. 64 ☐☐

_____

_____

01 Clerical and general office work (e.g. typing, telephone receptionist, filing, booking, etc.)

02 Sales occupation (selling insurance, cars, clothes etc.)

03 Service occupation (police, bartending, floor cleaning, etc.)

04 Farming, fishing, mining, forestry

05 Manual labourer (construction, freight, packager, etc.)

06 Skilled and semi-skilled trades (assembly-line, electrician, etc.)

07 Transportation occupations (truck driver, pilot, stewardess, etc.)

08 First level supervisor (foreman, etc.)

09 Teaching (school teacher, safety trainer, driving instructors, etc.)

10 Scientific and technical (doctor, nurse, dentist, civil engineer, etc.)

11 Social and artistic (social worker, lawyer, economist, writer, artist, etc.)

12 Executive, managerial and related (accountant, bank manager, personnel manager, etc.)

13 Sheltered workshop

14 No special skills/nothing

15 Other (specify)_____

INCOME

7-26 FLASH CARD — HERE IS A CARD LISTING VARIOUS INCOME CATEGORIES, PLEASE LOOK AT IT AND TELL ME BY THE NUMBER BESIDE (1 to 10) WHICH CATEGORY BEST REPRESENTS YOUR INCOME FROM ALL SOURCES BEFORE TAXES DURING THE YEAR ENDING DECEMBER, 1979. 66 ☐☐

01 No income	06 $20,001 – 25,000
02 $ 1 – 5,000	07 $25,001 – 30,000
03 $ 5,001 – 10,000	08 $30,001 – 35,000
04 $10,001 – 15,000	09 $35,001 – 40,000
05 $15,001 – 20,000	10 More than 40,000

7-27 FLASH CARD — PLEASE LOOK AT THE CARD AGAIN AND TELL ME WHICH CODE BEST REPRESENTS OTHER ADDITIONAL FAMILY INCOME FROM ALL SOURCES, BEFORE TAXES, DURING THE YEAR ENDING DECEMBER, 1979. 68 ☐☐

Card 7 ID No.

1 0 7

7-28 COULD YOU TELL ME THE DIFFERENT SOURCES FROM WHICH YOU AND YOUR FAMILY GETS ITS INCOME: SUCH AS, GOVERNMENT ALLOWANCES, DIVIDENDS, BONDS, etc. (Code 1 for no answers, 2 for yes answers)

		1 No	2 Yes
1.	Wages, salaries, tips, and commissions	9	☐
2.	Net income from own business, firm, or professional practice	10	☐
3.	Investment income (interest, dividends, net rents, etc.)	11	☐
4.	Family allowance	12	☐
5.	Unemployment insurance benefits	13	☐
6.	GAINS (Guaranteed Annual Income Supplement)	14	☐
7.	Family welfare assistance (provincial)	15	☐
8.	Municipal welfare	16	☐
9.	Workmen's Compensation	17	☐
10.	Veterans' allowance	18	☐
11.	Canada "Manpower" grant	19	☐
12.	Trust fund	20	☐
13.	University scholarship	21	☐
14.	Alimony	22	☐
15.	Other payments from spouse	23	☐
16.	Disability premium	24	☐
17.	Insurance benefits	25	☐
18.	Government old age security	26	☐
19.	Old age supplement	27	☐
20.	Other pensions (company and retirement pensions, annuities, etc.)	28	☐

7-29 MANY PEOPLE HAVE EXTRA EXPENSES AS A RESULT OF THEIR CONDITION; FOR EXAMPLE, SPECIAL EQUIPMENT, MEDICATIONS, OR HOME MODIFICATIONS AND TRANSPORTATION COSTS. ARE YOU BURDENED BY ANY FOR WHICH YOU DO NOT RECEIVE ANY ASSISTANCE? Code 1 No, 2 Yes.

		1 No	2 Yes
01.	No	29	☐
02.	Medical or rehabilitative services	30	☐
03.	Drugs	31	☐
04.	Personal equipment or aids	32	☐
05.	Special modifications to make the home more liveable	33	☐
06.	Transportation services	34	☐
07.	Social services (homemaking, day care)	35	☐
08.	Nursing or attendant care	36	☐

09. Equipment maintenance and repair 37 ☐

10. Educational services 38 ☐

11. Special food 39 ☐

12. OTHER (specify)_____ 40 ☐☐☐

13. OTHER (specify)_____ 43 ☐☐☐

MODULE 08 – COMMUNITY SUPPORT SERVICES – – INFORMATION, HEALTH AND SOCIAL SERVICES –

8-1 DO YOU FEEL PEOPLE LIKE YOURSELF ARE MADE SUFFICIENTLY AWARE OF GOVERNMENT OR AGENCY SERVICES DEALING WITH ONTARIO'S DISABLED?

1. No. Ask Q. 8-2 46 ☐

2. Yes. Go to Q. 8-3

8-2 I'D LIKE TO READ YOU A LIST OF SERVICES. PLEASE TELL ME WHICH ONES NEED TO BE ADVERTISED BETTER BY GOVERNMENT, AGENCIES OR GROUPS?

1. Information on access to buildings 47 ☐

2. Accommodation and housing 48 ☐

3. Advisory and advocacy groups 49 ☐

4. Special aids or equipment 50 ☐

5. Camps 51 ☐

6. Counselling 52 ☐

7. Day care/nursery programs 53 ☐

8. Driver information 54 ☐

9. Educational services 55 ☐

10. Employment services 56 ☐

11. Social/recreational activities 57 ☐

12. Financial assistance 58 ☐

13. Health services 59 ☐

14. Social services 60 ☐

15. Assisted home improvement programs 61 ☐

16. Information services 62 ☐

CARD 8 1 0 8 [ ][ ][ ][ ][ ][ ] 8

17. Insurance programs 9 ☐

18. Parent groups 10 ☐

19. Equipment repairs	11	☐
20. Sports information	12	☐
21. Transportation services	13	☐

HAVE I MISSED ANY?

22. OTHER (specify)_____ 14 ☐☐☐

8-3 DO YOU FEEL THAT IN THE LAST 12 MONTHS YOU NEEDED A PARTICULAR MEDICAL OR REHABILITATIVE SERVICE RELATED TO YOUR CONDITION?

1. No. Go to Q. 8-7	17	☐
2. Ambulance service	18	☐
3. Artificial limbs	19	☐
4. Hospitalization	20	☐
5. Insurance coverage (OHIP, Blue Cross)	21	☐
6. Mobility aids (canes, wheelchairs, etc.)	22	☐
7. Health counselling	23	☐
8. Dental care	24	☐
9. Distress assistance	25	☐
10. Drugs	26	☐
11. Care at home (attendants)	27	☐
12. Family planning, birth control	28	☐
13. Diet or food counselling	29	☐
14. Tests (blood, urine, blood pressure, etc.)	30	☐
15. Genetic information or counselling	31	☐
16. Genito-urinary service, leg bag	32	☐
17. Hearing aids	33	☐
18. Nursing care at home	34	☐
19. OHIP information	35	☐
20. Orthopedic shoes	36	☐
21. Orthotic appliances	37	☐
22. Occupational Therapy	38	☐
23. Physiotherapy	39	☐
24. Sex counselling	40	☐
25. Speech therapy	41	☐
26. Medical care or consultation	42	☐
27. Other (specify)_____	43	☐☐☐
28. Other (specify)_____	46	☐☐☐
29. Other (specify)_____	49	☐☐☐

8-4 DID YOU CONTACT THE SERVICES YOU JUST MENTIONED ABOUT GETTING ASSISTANCE? 52 ☐

1. No. Go to Q. 8-7
2. Yes. Ask Q. 8-5

8-5 DID YOU RECEIVE IT? 53 ☐

1. No. Ask Q. 8-6
2. Yes. Go to Q. 8-7
3. Received some services; didn't receive others. Ask Q. 8-6

8-6 CAN YOU TELL ME WHY YOU DIDN'T RECEIVE THE SERVICE? 54 ☐☐

01 I don't know the reason
02 I wasn't eligible
03 It wasn't what I needed
04 Too expensive
05 Too far – too inconvenient
06 Not a reliable or good service
07 Other (specify)_____

8-7 DO YOU FEEL YOU COULD NOW BENEFIT FROM MORE REGULAR HEALTH CARE, OR MEDICAL TREATMENT? 56 ☐

1. No
2. Yes (specify)_____ 57 ☐☐
3. Don't know

CARD 9 1 0 9 ☐☐☐☐☐☐ 8

8-8 NOW LET'S TURN TO THE VARIOUS SOCIAL SERVICES. DURING THE LAST YEAR, DID YOU FEEL YOU NEEDED A PARTICULAR SOCIAL SERVICE RELATED TO YOUR CONDITION, SUCH AS; HOMEMAKERS, CHILD CARE, COUNSELLING, etc.

1. No. GO TO MODULE 09 9 ☐
2. Accommodation or housing 10 ☐
3. Advisory and advocacy groups 11 ☐
4. Equipment services (including repairs) aids, devices 12 ☐
5. Camps 13 ☐
6. Financial assistance 14 ☐
7. Counselling 15 ☐
8. Crisis intervention 16 ☐
9. Day care/nursery programs/parent relief 17 ☐

8-8

10. Vocational rehabilitation 18 ☐
11. Employment 19 ☐
12. Transportation 20 ☐
13. Social/recreational programs 21 ☐
14. Diet, nutrition services 22 ☐
15. Home care programs 23 ☐
16. Homemaker services 24 ☐
17. Meals-on-Wheels 25 ☐
18. Information and advice 26 ☐
19. Nursing homes, residences 27 ☐
20. Other (specify)_____ 28 ☐☐☐
21. Other (specify)_____ 31 ☐☐☐
22. Other (specify)_____ 34 ☐☐☐

8-9 DID YOU CONTACT THE SERVICE? 37 ☐

1. No. Go to Q. 8-12
2. Yes. Ask Q. 8-10

8-10 DID YOU RECEIVE IT? 38 ☐

1. No. Ask Q. 8-11
2. Yes. Go to Q. 8-12
3. Received some services, didn't receive others. Ask Q. 8-11

8-11 CAN YOU TELL ME WHY YOU DIDN'T RECEIVE THE SERVICE? 39 ☐☐

01 I don't know the reason
02 I wasn't eligible
03 It wasn't what I needed
04 Too expensive
05 Too far — too inconvenient
06 Not a reliable or good service
07 Other (specify)_____

INTERVIEWER: If the Respondent has mentioned some social and/or medical service, then ask the next question, Q. 8-12.

8-12 REGARDING THE VARIOUS MEDICAL AND SOCIAL SERVICES, WE'VE TALKED ABOUT, WHICH ORGANIZATIONS HAVE BEEN MORE HELPFUL TO YOU THAN OTHERS DURING THE LAST YEAR?

COULD YOU PLEASE TELL ME WHICH WERE THE –

Most helpful? (Probe names)

1. _____ 41 ☐☐
2. _____ 43 ☐☐
3. _____ 45 ☐☐

Least helpful? (Probe names)

1. _____ 47 ☐☐
2. _____ 49 ☐☐
3. _____ 51 ☐☐

Most needed, but not available? (Probe names)

1. _____ 53 ☐☐
2. _____ 55 ☐☐
3. _____ 57 ☐☐

MODULE 09 – LEISURE AND RECREATION

9-1 ARE THERE ANY LEISURE OR RECREATIONAL ACTIVITIES YOU WOULD LIKE TO DO, BUT CANNOT? 59 ☐

1. No. Go to Module 10
2. Yes. Ask Q. 9-2, 9-3

9-2 WHICH WOULD YOU MOST LIKE TO DO?

1. _____ 60 ☐☐
2. _____ 62 ☐☐
3. _____ 64 ☐☐

9-3 WHAT WOULD YOU SAY *MOST* LIMITS YOU FROM DOING THESE ACTIVITIES? 66 ☐☐

01 There is no opportunity to participate near my home

02 It costs too much to participate (including equipment costs)

03 The facilities or area to do it near my home are poor quality, inadequate, not challenging

04 The facilities near my home are too crowded

05

06 I am physically unable to participate

07 Not enough time – because of work(school)

08 Not enough time – because of responsibilities at home

09 Too dangerous

10 Other (specify)_____

MODULE 10 – TRANSPORTATION

EARLIER, WE ASKED YOU WHETHER YOU COULD GET INTO PARTICULAR BUILDINGS: NOW, WE WOULD LIKE TO ASK YOU WHETHER TRANSPORTATION TO THE BUILDING IS DIFFICULT.

10-1 FLASH CARD

WHICH BEST DESCRIBES HOW YOU CAN MAKE USE OF REGULAR *PUBLIC* BUS OR STREET CAR TRANSPORTATION? 68 ☐

1. Can't use at all. Physically unable
2. Must have human assistance getting to, onto, or off public transportation services
3. Must have assistance of a device or aid to get on or off
4. Don't need assistance, but have difficulty
5. No problems at all. Go to Q. 10-3
6. Not available in this community

10-2 FLASH CARD

WHAT MAKES IT DIFFICULT FOR YOU TO USE *PUBLIC* TRANSPORTATION SERVICES? 69 ☐☐

01 Getting to the service

02 Public transportation is poor/non-existent

03 Toilet needs

04 Availability of right service

05 Cost

06 Getting on and off (stairs)

07 Location of transportation services

08 Weather

09 Escalators

10 Other (specify)_____

10-3 FLASH CARD

WHICH BEST DESCRIBES HOW YOU CAN MAKE USE OF *PRIVATE* TRANSPORTATION, SUCH AS A CAR OR TAXI. 71 ☐

1. Can't use at all: Physically unable.
2. Must have human assistance getting in or out.
3. Must have the assistance of a device or aid to get in or out.
4. Don't need assistance, but have difficulty.
5. No problems at all.

10-4 FLASH CARD

DO YOU USE SPECIAL TRANSPORTATION SUCH AS VAN SERVICES OR WHEEL TRANS, AND IF SO WHICH DO YOU MOST OFTEN USE? 72 ☐

1 Can't use any: Physically unable.

CARD 3

1 [0][3][ ][ ][ ][ ][ ][ ] 8

2-9 WHAT IS THE *HIGHEST* GRADE OR YEAR OF SCHOOL YOU HAVE COMPLETED?

01 No schooling
02 Pre-school (nursery, kindergarten)
03 Less than Grade 5
04 Grades 5-8
05 Grades 9-11 9 ☐☐
06 Grades 12-13
07 Technical or Trade School
08 Community College
09 University (undergraduate)
10 University (graduate)
11 University (post-graduate)

INTERVIEWER: IF "R" FINISHED HIGH SCHOOL, ASK Q. 2-10

2-10

WHAT IS THE NAME OF YOUR DEGREE/DIPLOMA/ CERTIFICATE/COURSE?	1 Completed	2 In Progress	3 Not Completed	Degree Code	1,2 or 3
_____	☐	☐	☐	11 ☐☐	☐
_____	☐	☐	☐	14 ☐☐	☐
_____	☐	☐	☐	17 ☐☐	☐

MODULE 03 – DISABILITY CLASSIFICATION

3-1 TODAY, THERE ARE MANY WORDS OR PHRASES USED TO DESCRIBE PEOPLE WITH PHYSICAL CONDITIONS; WORDS SUCH AS "THE HANDICAPPED", "THE DISABLED", ETC. WHICH ONE DO YOU PREFER TO USE? 20 ☐☐

01 Physically Handicapped
02 Physically Disabled
03 Handicapped
04 Disabled
05 Impaired
06 No Preference
07 Illness or Impairment Specific
08 Other (specify)_____

3-2 COULD YOU TELL ME, IN YOUR OWN WORDS, WHAT YOUR PARTICULAR CONDITION IS?

1. _____ 22 ☐☐
2. _____ 24 ☐☐
3. _____ 26 ☐☐
4. _____ 28 ☐☐

3-3 CAN YOU TELL ME THE MEDICAL TERM FOR THIS, OR WHAT A DOCTOR HAS SAID YOUR CONDITION IS?

1. _____ 30 □□
2. _____ 32 □□
3. _____ 34 □□
4. _____ 36 □□

3-4 FLASH CARD

WHAT CAUSED < YOUR CONDITION? / EACH OF THESE CONDITIONS?

FIRST CONDITION □□ 38 □□

SECOND CONDITION □□ 40 □□

THIRD CONDITION □□ 42 □□

FOURTH CONDITION □□ 44 □□

FLASH CARD CODE

1. Birth
2. Illness
3. Just getting older
4. Accident at work
5. Accident at home
6. Accident in travel
7. Genetic or hereditary
8. Environmental cause
9. Cause unknown

INTERVIEWER: If condition existed from birth, OMIT Q. 3-5 but code appropriately.

3-5 HOW LONG HAVE YOU HAD YOUR CONDITION?

□□ Years 46 □□

3-6 FLASH CARD

WHICH OF THE FOLLOWING BEST DESCRIBES HOW WELL YOU HEAR?

1. I am profoundly deaf.
2. I have serious hearing difficulties in most situations, even when I wear a hearing aid.
3. I have some difficulties in most situations, even when I wear a hearing aid. 48 □□
4. I have hardly any difficulties in most situations.
5. I have no hearing difficulty.

INTERVIEWER:

If "5", and if "R" is blind or sight impaired, then go to Q3-13.

If "5", and the "R" has no problems with vision, but is speech impaired then go to Q3-17.

If "5", and no speech or vision problems, then go to Module 4.

3-7 DO YOU WEAR A HEARING AID?

1. No. Ask Q. 38
2. Yes. Go to Q. 3-9
3. Sometimes. Go to Q. 3-9

49 ☐

3-8 IS THERE ANY REASON WHY YOU DON'T WEAR ONE?

1. I don't know where to get one
2. I can't afford one
3. It can't help me/I don't need one
4. No special reason
5. I have never had one prescribed
6. Other (specify) _____

50 ☐

3-9 CAN YOU	1 No	2 Yes	3 Somewhat	
1. Talk?	☐	☐	☐	51 ☐
2. Sign?	☐	☐	☐	52 ☐
3. Finger spell?	☐	☐	☐	53 ☐
4. Lip read?	☐	☐	☐	54 ☐

3-10 WHICH OF THE FOLLOWING ITEMS DO YOU HAVE? WHICH DEVICES DO YOU NEED?

	1 Have	2 Need	3 Don't Have & Don't Need	
1. Baby cry alarm	☐	☐	☐	55 ☐
2. TTY	☐	☐	☐	56 ☐
3. Fire alarm	☐	☐	☐	57 ☐
4. Telephone devices	☐	☐	☐	58 ☐
Are There Others You Have or Need?				
5. Other (specify) _____	☐	☐	☐	59 ☐☐
6. Other (specify) _____	☐	☐	☐	62 ☐☐
7. Other (specify) _____	☐	☐	☐	65 ☐☐

3-11 IN THE LAST YEAR, HAVE YOU EVER USED AN INTERPRETER? 68 ☐

1. No. Ask Q. 3-12

2. Yes. Go to Q. 3-13 if blind; Q. 3-17 if speech impaired.

3-12 IS THERE A REASON YOU DIDN'T USE AN INTERPRETER? 69 ☐

1. I didn't know where to get the service
2. Too expensive
3. Not available where I live
4. No special reason/haven't needed one
5. I use family/friends
6. Other (specify)_____

70 ☐

INTERVIEWER: If R is blind, or sight-impaired, ask Q. 3-13 to 3-16. Code "1" in Box 70.

3-13 ARE YOU CERTIFIED LEGALLY BLIND? 71 ☐

1. No. Ask Q. 3-14.
2. Yes. Go to Q. 3-15.

3-14 IS THERE ANY REASON WHY YOU HAVE NOT BEEN CERTIFIED LEGALLY BLIND BY THE C.N.I.B.? 72 ☐

1 I have too much vision
2 I don't know where to go
3 I haven't bothered to register/don't need to register
4 I wasn't aware I could register
5 Other (specify) _____

3-15 HAVE YOU ANY TRAINING IN, OR DO YOU NEED ANY TRAINING IN, BRAILLE?

	1 No	2 Yes	
Have	☐	☐	73 ☐
Need	☐	☐	74 ☐

3-16 WHICH TYPE OF MOBILITY ASSISTANCE DO YOU USE?

WHICH DO YOU NEED?

CARD 4 ID No.

1 0 4 | | | | | | | 8

	1 Use	2 Need	3 Don't Use Don't Need	
1. Cane	☐	☐	☐	9 ☐
2. Human guide	☐	☐	☐	10 ☐
3. Guide dog	☐	☐	☐	11 ☐

ARE THERE OTHERS YOU USE OR NEED?	USE	NEED	
5. Other (specify)_____	☐	☐	12 ☐☐
6. Other (specify)_____	☐	☐	15 ☐☐

INTERVIEWER:
If "R" Has A Speech Problem, Ask Q. 3-17 To Q. 3-18
Code "1" In Box 18.

18 ☐

3-17 WHICH OF THE FOLLOWING BEST DESCRIBES HOW YOU TALK? (IF THE PROBLEM IS APPARENT, DO NOT ASK, CODE ACCORDINGLY) 19 ☐

1. Stammer
2. Stutter
3. Slur
4. Limited speech
5. No speech
6. Other (specify)_____

3-18 HOW WELL DO YOU FEEL YOU ARE ABLE TO MAKE YOURSELF UNDERSTOOD WITH

	1 Completely	2 Partially	3 Not at All	
1. Your family	☐	☐	☐	20 ☐
2. Your friends	☐	☐	☐	21 ☐
3. Other (strangers)	☐	☐	☐	22 ☐

MODULE 04 – NEEDS PRIORIZATION

4-1 I'D LIKE TO READ A LIST OF SOCIAL PROBLEMS, ISSUES AND DAILY LIVING AREAS. AS A RESULT OF YOUR CONDITION PLEASE TELL ME WHICH OF THESE PRESENTS 'A BIG PROBLEM', 'SMALL PROBLEM', OR 'DOES NOT AFFECT YOU', *AT THE PRESENT TIME?*

	1 A big problem in my life	2 A small problem in my life	3 Does not affect me	
1. Personal support care services, i.e; nursing attendants.				23 ☐
2. Discrimination by the public.				24 ☐
3. Finding a job.				25 ☐
4. School or educational programs.				26 ☐
5. Entry into or exit out of buildings.				27 ☐
6. Accommodation or housing.				28 ☐
7. Income security.				29 ☐
8. Transportation services.				30 ☐
9. Aids/devices or special equipment.				31 ☐
10. Medical or rehab. treatment.				32 ☐
11. Information about available services.				33 ☐
12. Day to day functioning.				34 ☐
13. Recreational/social activities.				35 ☐
14. Social services (counselling, homemaker, day care, etc.)				36 ☐
15. Family relationships.				37 ☐
16. Mobility in your community.				38 ☐
17. Finding a job training program.				39 ☐

HAVE I MISSED ANY?

_____ 40 ☐☐

_____ 43 ☐☐

MODULE 05 – PERSONAL AIDS/NEEDS

5-1 FLASH CARD

I AM INTERESTED IN UNDERSTANDING HOW YOU CARRY OUT CERTAIN ACTIVITIES.

I'LL READ YOU A LIST OF ACTIVITIES. PLEASE GIVE ME THE ANSWER OR THE NUMBER ON THE FLASH CARD THAT *BEST* DESCRIBES HOW YOU MANAGE TO CARRY OUT EACH ONE.

	Activity	1 Not Applicable	2 I can do by myself without any difficulty and without any assistance from people or devices	3 I can sometimes do it by myself	4 I can do it if someone helps me	5 I can do it with aid or device	6 I think I can do it. Others doing it for me now	7 I don't know how, but I can learn	8 I can't do it at all – even if I wanted	9 TTY	10 Electric Wheelchair	
ADULT ONLY	1 Basic cooking											46 ☐
	2 Doing your laundry											47 ☐
	3 Doing light housekeeping (dust)											48 ☐
	4 Doing heavy housekeeping (scrub)											49 ☐
	5 Feeding your children											50 ☐
	6 Dressing your children											51 ☐
	7 Driving a car											52 ☐
	8 Bathing your children											53 ☐
	9 Carrying your children											54 ☐
BOTH ADULT AND CHILD	10 Getting in and out of your bed											55 ☐
	11 Moving in a manual wheelchair											56 ☐☐
	12 Going up or down stairs											58 ☐
	13 Dressing yourself											59 ☐
	14 Grooming (brush hair, shave)											60 ☐
	15 Getting in and out of the tub (shower)											61 ☐
	16 Bathing yourself (showering)											62 ☐
	17 Feeding yourself											63 ☐
	18 Getting on and off the toilet											64 ☐
	19 Independence in bladder											65 ☐
	20 Independence in bowel											66 ☐
	21 Taking medication by yourself											67 ☐
	22 Going from one room to another											68 ☐
	23 Using small objects like a key											69 ☐
	24 Using the telephone											70 ☐
CHILD ONLY	25 Ride a 2-wheel bike											71 ☐
	26 Skip/jump rope											72 ☐
	27 Catch/throw a ball											73 ☐
	28 Colour/paint											74 ☐
	29 Ice skate											75 ☐

CARD 5 ID No.
0 5 | | | | | | | 8

5-2 FLASH CARD

IN LOOKING AT THE LIST OF ACTIVITIES AGAIN, PLEASE TELL ME HOW IMPORTANT, YOU FEEL IT IS FOR YOU TO BE ABLE TO DO EACH ONE. I'LL READ THROUGH THE LIST – PLEASE TELL ME WHETHER EACH IS VERY *IMPORTANT, IMPORTANT, NOT IMPORTANT,* OR *NOT APPLICABLE.*

	Activity	VERY IMPORTANT 4	IMPORTANT 3	NOT IMPORTANT 2	NOT APPLICABLE 1	
	1 Basic cooking					9 ☐
	2 Doing your laundry					10 ☐
	3 Doing light housekeeping (dust)					11 ☐
	4 Doing heavy housekeeping (scrub)					12 ☐
ADULT	5 Feeding your children					13 ☐
ONLY	6 Dressing your children					14 ☐
	7 Driving a car					15 ☐
	8 Bathing your children					16 ☐
	9 Carrying your children					17 ☐
	10 Getting in and out of your bed					18 ☐
	11 Moving in a manual wheelchair					19 ☐
	12 Going up or down stairs					20 ☐
	13 Dressing yourself					21 ☐
BOTH	14 Grooming (brush hair, shave)					22 ☐
ADULT	15 Getting in and out of the tub					23 ☐
AND	16 Bathing yourself					24 ☐
CHILD	17 Feeding yourself					25 ☐
	18 Getting on and off the toilet					26 ☐
	19 Independence in bladder					27 ☐
	20 Independence in bowel					28 ☐
	21 Taking medication by yourself					29 ☐
	22 Going from one room to another					30 ☐
	23 Using small objects like a key					31 ☐
	24 Using the telephone					32 ☐
	25 Ride a 2-wheel bike					33 ☐
CHILD	26 Skip/jump robe					34 ☐
ONLY	27 Catch/throw a ball					35 ☐
	28 Colour/paint					36 ☐
	29 Ice skate					37 ☐

5-3 ARE THERE ANY OTHER AIDS OR DEVICES YOU USE, FOR ANY OF THE PRECEDING ACTIVITIES OR FOR OTHER ACTIVITIES THAT I MAY HAVE MISSED?

1. No — 38 ☐
2. Yes (specify)_____ — 39 ☐☐

_____ — 41 ☐☐

_____ — 43 ☐☐

_____

5-4 ARE THERE ANY SPECIAL AIDS OR DEVICES WHICH A PROFESSIONAL SUCH AS A DOCTOR, NURSE, OCCUPATIONAL THERAPIST, PHYSIOTHERAPIST OR OTHER PROFESSIONAL HAVE ADVISED YOU TO GET?

1. No. Go to Module 6. — 45 ☐
2. Yes. Ask Q. 5-5

5-5 HAVE YOU OBTAINED THEM? — 46 ☐

1. No. Ask Q. 5-6
2. Yes. Go to Module 6.

5-6 COULD YOU PLEASE TELL ME WHY YOU HAVEN'T OBTAINED THEM? — 47 ☐

1. Don't need any.
2. Can't afford to buy them.
3. I've ordered them.
4. I'm not sure exactly what I need.
5. Other (specify)

MODULE 06 – MOBILITY AND ACCESS

SOMETIMES BUILDINGS ARE DESIGNED SO THAT SOME DISABLED PEOPLE HAVE A HARD TIME GETTING IN OR OUT.

6-1 DO YOU GENERALLY HAVE *ANY* DIFFICULTY BECAUSE OF YOUR CONDITION IN ENTERING ANY BUILDINGS IN YOUR COMMUNITY? — 48 ☐

1. No. Go to Module 7.
2. Yes

6-2 FLASH CARD

WHEN IT COMES TO GETTING INTO A BUILDING, DO ANY OF THE FOLLOWING GIVE YOU ANY DIFFICULTY?

1. No ramping	49 ☐
2. Poor ramping	50 ☐
3. Doors too narrow	51 ☐
4. Doors too heavy	52 ☐
5. Too many other barriers	53 ☐
6. No assistance to get in	54 ☐
7. Too many people, too crowded	55 ☐
8. Stairs without railings	56 ☐
9. Stairs with railings	57 ☐
10. Distance to the building from parking lot or from transportation	58 ☐

6-3 FLASH CARD

I'LL READ YOU A LIST OF DIFFERENT TYPES OF BUILDINGS. PLEASE TELL ME WHETHER YOU HAVE *MUCH* DIFFICULTY, *SOME* DIFFICULTY, OR *NO* DIFFICULTY, GETTING IN OR OUT OF . . .

	3 No difficulty	2 Some difficulty	1 Much difficulty	
1. Government Federal (e.g. Manpower, Post Office)				59 ☐
Provincial (e.g. COMSOC, Auto Licence Office)				60 ☐
Municipal (e.g. City Hall, clinics)				61 ☐
2. Recreational facilities (including sports)				62 ☐
3. Theatres				63 ☐
4. Restaurants				64 ☐
5. Employment-related buildings				65 ☐
6. Grocery stores				66 ☐
7. Other shopping, including malls				67 ☐
8. Medical facilities/social agencies				68 ☐
9. Educational facilities				69 ☐
10. Bus or train stations				70 ☐
11. Subway stations				71 ☐
12. Places of worship				72 ☐
13. Airports				73 ☐

CARD 6 ID No.
1 0 6 | | | | | | 8

6-4 FLASH CARD

WHICH OF THE FOLLOWING STATEMENTS MOST ACCURATELY DESCRIBE HOW YOU GET ABOUT *INSIDE* YOUR HOME/INSTITUTION 9 ☐

1. Must stay in bed all or most of the time
2. Need help of another person in getting around the house/institution
3. Need the help of some special aid, such as a walker or wheelchair to get about the house/institution
4. Do not need the help of another person or special aid, but have trouble getting around freely
5. No difficulties at all getting around

6-5 FLASH CARD

WHICH ONE OF THE FOLLOWING STATEMENTS BEST DESCRIBES HOW YOU GET IN AND OUT OF YOUR HOME/INSTITUTION 10 ☐

1. Must stay indoors all or most of the time
2. Must have human assistance all the time to get in or out
3. Must have a special aid or device to help me get in or out
4. Must have a lift or ramp to help me get in or out
5. Do not need the help of another person or special aid, but have difficulty getting in or out
6. No problems at all getting in or out

6-6 FLASH CARD

FINALLY, WHICH OF THESE STATEMENTS *BEST* DESCRIBES YOUR MOBILITY *OUTSIDE* YOUR HOME/INSTITUTION IN THE COMMUNITY? 11 ☐

1. Must stay indoors all or most of the time
2. Must have human assistance all the time
3. Must have a special aid, device, or transportation
4. Do not need the help of another person or special aid, but have trouble getting around freely
5. No problems at all, get about freely

MODULE 07 – EDUCATION, EMPLOYMENT, INCOME

7-1 FLASH CARD

PRESENTLY, ARE YOU 12 ☐☐

1. Employed part time? (30 hours per week or less)
2. Employed full-time? (more than 30 hours per week)
3. A student?
4. Preschooler?
5. A homemaker?
6. Retired?
7. Unemployed?

INTERVIEWER: If the Respondent answered Q. 7 above with . . .
1 or 2, then ask the Education, Employment and Income Sub-modules;
3,5, or 6, then ask the Education and Income Sub-modules;
7, then ask the Education, Unemployment and Income Sub-modules;
4, then ask the Income Sub-module alone.

7-2 WE TALKED A BIT ABOUT YOUR EDUCATION EARLIER. IS THERE ANY REASON YOU DID NOT CONTINUE YOUR EDUCATION? 14 □□

ADULT ONLY

01 No special reason. Personal choice
02 Achieved my goal
03 Problems finding the best program
04 Problems getting there
05 I had to work
06 Physical structure of the building
07 Dissatisfaction with program
08 Financial problems (related to paying for school)
09 Still in school
10 Health problem related to physical condition
11 Married and had to leave
12 Other (specify)_____

7-3 AS A RESULT OF YOUR CONDITION HAS IT BEEN NECESSARY FOR YOU TO OBTAIN SPECIAL TRAINING OR ADDITIONAL EDUCATION FOR EMPLOYMENT? 16 □

1. No 2. Yes

7-4 IS THERE ANY FURTHER TRAINING OR EDUCATION YOU WOULD *NOW* LIKE TO TAKE? DO YOU KNOW WHERE YOU YOU WOULD LIKE TO STUDY?

1. No 2. Yes (Specify the area or subject of study and place or school, if known) 17 □

Subject	School/City	
_____	_____	18 □□□□
_____	_____	22 □□□□

INTERVIEWER: Ask Q. 7-5 & 7-6 only if "R" is a child

7-5 WHICH OF THE FOLLOWING BEST DESCRIBES THE TYPE OF SCHOOL YOUR CHILD NOW ATTENDS? 26 □□

CHILD ONLY AND FLASH CARD

01 Regular school
02 Regular school, in special education class
03 Special school, non-residential
04 Special school, residential
05 Private school, special education
06 Private school
07 Other (specify)_____

7-6 ARE THERE ANY ADDITIONAL EDUCATIONAL FEATURES YOU WOULD LIKE TO SEE FOR YOUR CHILD AT HIS/HER SCHOOL? 28 □□

CHILD ONLY

01 Special classes
02 Special subjects

03 More recreational programs

04 Special rehabilitation programs

05 Individual instruction

06 Better transportation to program

07 More parent involvement in program

08 Other (specify)_____

09 No

EMPLOYMENT: ADULT ONLY

7-7 HOW LONG HAVE YOU BEEN ACTIVELY EMPLOYED? 30 □□□□ MMYY

□□ Months □□ Years

7-8 HOW MANY HOURS DO YOU USUALLY WORK EACH WEEK? 34 □□

□□ Hours

INTERVIEWER: If less than 30 hours, as Q. 7-9, otherwise go to Q. 7-10.

7-9 IS THERE ANY REASON YOU WORK LESS THAN 30 HOURS? 36 □□

01 No special reason

02 Can't find full-time work

03 Only interested in working part-time

04 Health reason related to my condition

05 Child-care arrangement problems

06 Other (specify)_____

7-10 BRIEFLY, DESCRIBE THE KIND OF WORK YOU GENERALLY DO, 38 □□
DESCRIBE _____

_____

01 Clerical and general office work (e.g. typing, telephone receptionist, filing, bookkeeping, etc.)

02 Sales occupation (selling insurance, cars, clothes, etc.)

03 Service occupation (police, bartending, floor cleaning, etc.)

04 Farming, fishing, mining, factory

05 Manual labourer (construction, freight, packager, etc.)

06 Skilled and semi-skilled trades (assembly-line, electrician, etc.)

07 Transportation occupations (truck driver, pilot, stewardess, etc.)

08 First-level supervisor (foreman, etc.)

09 Teaching (school teacher, safety trainer, driving instructor, etc.)

10 Scientific and technical (doctor, nurse, dentist, civil engineer, etc.)

11 Social and artistic (social worker, lawyer, economist, writer, artist, etc.)

12 Executive, managerial, and related (accountant, bank manager, personnel manager, etc.)

13 Sheltered workshop

14 Other (specify)_____

7-11 IN YOUR JOB, ARE YOU MAINLY WORKING 40 ☐

1. For wages, or salary?
2. For tips, or commission?
3. Without pay in a family farm, or business?
4. As a self-employed person without paid help?
5. As a self-employed person with paid help?
6. As a volunteer without pay?

7-12 WERE YOU EVER LIMITED, AS A RESULT OF YOUR CONDITION, IN SEARCHING FOR, OR OBTAINING EMPLOYMENT; AND IF SO, WHY? 41 ☐☐

01 No

02 Discriminatory practices

03 Problems of access or mobility

04 Transportation

05 Not enough skills

06 Tools or equipment not adapted

07 Employer assessed me as inappropriate

08 Conditions of the job poor or unsafe

09 Other (specify)_____

7-13 WHAT REASON GENERALLY PREVENTS YOU FROM TAKING A JOB OFFER? 43 ☐☐

01 Never had the problem

02 Poor pay

03 Inaccessible buildings

04 Transportation problems

05 Conditions in job (e.g. unsafe)

06 Attitude of co-workers

07 Health problem related to condition

08 Job not interesting

09 Job below my abilities

10 Other (specify)_____

_____

7-14 COULD YOU DESCRIBE WHAT ONE THING MOST HELPED YOU GET YOUR LAST JOB? 45 ☐☐

01 My own skills

02 Positive employer attitude

03 Placement agency (private)

04 Social or government organization

05 Assistance from volunteer or other person

06 Other (specify) _____

7-15 DO YOU NOW HAVE ANY PROBLEMS "ON THE JOB" AS A RESULT OF YOUR CONDITION? 47 ☐☐

01 None

02 Environmental barriers (building, furniture)

03 Attitude of others

04 Non-usable equipment/tools

05 Advancement problems

06 Personal conveniences poor

07 Communication problems

08 Other (specify) _____

7-16 WERE YOU EVER ASKED TO LEAVE A JOB OR WERE YOU MADE TO FEEL AS THOUGH YOU HAD TO LEAVE A JOB BECAUSE OF YOUR CONDITION? 49 ☐

1. No
2. Yes

Go to Q. 7-26

UNEMPLOYED: ADULT ONLY

7-17 HAVE YOU EVER BEEN EMPLOYED BEFORE? 50 ☐

1. No. Go to Q. 7-19
2. Yes

7-18 HOW LONG HAVE YOU BEEN UNEMPLOYED? 51 ☐☐☐☐ M M Y Y

☐☐ Months ☐☐ Year(s)

7-19 WERE YOU EVER LIMITED, AS A RESULT OF YOUR CONDITION IN SEARCHING FOR OR OBTAINING EMPLOYMENT? 55 ☐☐

01 No

02 Discriminatory practices

03 Problems of access or mobility

04 Transportation

05 Not enough skills

06 Employer assessed me as inappropriate

07 Conditions on the job poor or unsafe

08 Other (specify)_____

7-20 WOULD SOME TYPE OF JOB TRAINING ASSISTANCE HELP YOU GET A JOB? 57 ☐

1. No. Go to Q. 7-22
2. Can't say. Go Q. 7-22
3. Yes. Go Q. 7-21

7-21 WHAT TYPE OF JOB TRAINING ASSISTANCE DO YOU THINK YOU COULD USE? 58 ☐

1 Manual skills (skills-related training)

2 Self-help skills (how to approach an employer)

3 Social skills (how to get to work, socialize)

4 Job seeking skills (how to look for a job)

5 None

6 Other (specify)_____

Go to Q. 7-23

7-22 COULD YOU PLEASE TELL ME THE REASON YOU FEEL THIS WAY? 59 ☐☐

01 I've tried it before and it didn't help

02 Don't know where to go

03 Not eligible

04 Not available in my community

05 Can't get out or about

06 No special reason

07 Health problem related to condition

08 Other (specify)_____

7-23 HAVE YOU EVER HAD TO TURN DOWN A JOB BECAUSE OF YOUR PHYSICAL CONDITION AND IF YES, WHY? 61 ☐☐

01 No. Never happened

02 Poor pay or work conditions

03 Inaccessible facility

04 Transportation problems getting there or back

05 Conditions on job unsafe

06 Attitude of co-workers/employer seemed poor

07 Health problem related to my condition

08 Fear of loss of income support

09 Other (specify)_____

7-24 GIVEN YOUR CURRENT SITUATION, WOULD YOU NOW BE INTERESTED IN A JOB? 63 ☐

1. No
2. Yes

7-25 WHAT KIND OF WORK CAN YOU USUALLY DO? DESCRIBE. 64 ☐☐

_____

_____

01 Clerical and general office work (e.g. typing, telephone receptionist, filing, booking, etc.)

02 Sales occupation (selling insurance, cars, clothes etc.)

03 Service occupation (police, bartending, floor cleaning, etc.)

04 Farming, fishing, mining, forestry

05 Manual labourer (construction, freight, packager, etc.)

06 Skilled and semi-skilled trades (assembly-line, electrician, etc.)

07 Transportation occupations (truck driver, pilot, stewardess, etc.)

08 First level supervisor (foreman, etc.)

09 Teaching (school teacher, safety trainer, driving instructors, etc.)

10 Scientific and technical (doctor, nurse, dentist, civil engineer, etc.)

11 Social and artistic (social worker, lawyer, economist, writer, artist, etc.)

12 Executive, managerial and related (accountant, bank manager, personnel manager, etc.)

13 Sheltered workshop

14 No special skills/nothing

15 Other (specify)_____

INCOME

7-26 FLASH CARD

HERE IS A CARD LISTING VARIOUS INCOME CATEGORIES, PLEASE LOOK AT IT AND TELL ME BY THE NUMBER BESIDE (1 to 10) WHICH CATEGORY BEST REPRESENTS YOUR INCOME FROM ALL SOURCES BEFORE TAXES DURING THE YEAR ENDING DECEMBER, 1979. 66 ☐☐

01 No income	06 $20,001 – 25,000
02 $ 1 – 5,000	07 $25,001 – 30,000
03 $ 5,001 – 10,000	08 $30,001 – 35,000
04 $10,001 – 15,000	09 $35,001 – 40,000
05 $15,001 – 20,000	10 More than 40,000

7-27 FLASH CARD

PLEASE LOOK AT THE CARD AGAIN AND TELL ME WHICH CODE BEST REPRESENTS OTHER ADDITIONAL FAMILY INCOME FROM ALL SOURCES, BEFORE TAXES, DURING THE YEAR ENDING DECEMBER, 1979. 68 ☐☐

Card 7 ID No.

1 0 7 _ _ _ _ _ _

7-28 COULD YOU TELL ME THE DIFFERENT SOURCES FROM WHICH YOU AND YOUR FAMILY GETS ITS INCOME: SUCH AS, GOVERNMENT ALLOWANCES, DIVIDENDS, BONDS, etc. (Code 1 for no answers, 2 for yes answers)

		1 No	2 Yes
1.	Wages, salaries, tips, and commissions	9	☐
2.	Net income from own business, firm, or professional practice	10	☐
3.	Investment income (interest, dividends, net rents, etc.)	11	☐
4.	Family allowance	12	☐
5.	Unemployment insurance benefits	13	☐
6.	GAINS (Guaranteed Annual Income Supplement)	14	☐
7.	Family welfare assistance (provincial)	15	☐
8.	Municipal welfare	16	☐
9.	Workmen's Compensation	17	☐
10.	Veterans' allowance	18	☐
11.	Canada "Manpower" grant	19	☐
12.	Trust fund	20	☐
13.	University scholarship	21	☐
14.	Alimony	22	☐
15.	Other payments from spouse	23	☐
16.	Disability premium	24	☐
17.	Insurance benefits	25	☐
18.	Government old age security	26	☐
19.	Old age supplement	27	☐
20.	Other pensions (company and retirement pensions, annuities, etc.)	28	☐

7-29 MANY PEOPLE HAVE EXTRA EXPENSES AS A RESULT OF THEIR CONDITION; FOR EXAMPLE, SPECIAL EQUIPMENT, MEDICATIONS, OR HOME MODIFICATIONS AND TRANSPORTATION COSTS. ARE YOU BURDENED BY ANY FOR WHICH YOU DO NOT RECEIVE ANY ASSISTANCE? Code 1 No, 2 Yes.

		1 No	2 Yes
01.	No	29	☐
02.	Medical or rehabilitative services	30	☐
03.	Drugs	31	☐
04.	Personal equipment or aids	32	☐
05.	Special modifications to make the home more liveable	33	☐
06.	Transportation services	34	☐
07.	Social services (homemaking, day care)	35	☐
08.	Nursing or attendant care	36	☐

09. Equipment maintenance and repair 37 ☐

10. Educational services 38 ☐

11. Special food 39 ☐

12. OTHER (specify)_____ 40 ☐☐

13. OTHER (specify)_____ 43 ☐☐

MODULE 08 – COMMUNITY SUPPORT SERVICES – – INFORMATION, HEALTH AND SOCIAL SERVICES –

8-1 DO YOU FEEL PEOPLE LIKE YOURSELF ARE MADE SUFFICIENTLY AWARE OF GOVERNMENT OR AGENCY SERVICES DEALING WITH ONTARIO'S DISABLED?

1. No. Ask Q. 8-2 46 ☐

2. Yes. Go to Q. 8-3

8-2 I'D LIKE TO READ YOU A LIST OF SERVICES. PLEASE TELL ME WHICH ONES NEED TO BE ADVERTISED BETTER BY GOVERNMENT, AGENCIES OR GROUPS?

1. Information on access to buildings 47 ☐

2. Accommodation and housing 48 ☐

3. Advisory and advocacy groups 49 ☐

4. Special aids or equipment 50 ☐

5. Camps 51 ☐

6. Counselling 52 ☐

7. Day care/nursery programs 53 ☐

8. Driver information 54 ☐

9. Educational services 55 ☐

10. Employment services 56 ☐

11. Social/recreational activities 57 ☐

12. Financial assistance 58 ☐

13. Health services 59 ☐

14. Social services 60 ☐

15. Assisted home improvement programs 61 ☐

16. Information services 62 ☐

CARD 8 1 0 8 [ ][ ][ ][ ][ ][ ] 8

17. Insurance programs 9 ☐

18. Parent groups 10 ☐

	19. Equipment repairs	11 ☐
	20. Sports information	12 ☐
	21. Transportation services	13 ☐
	HAVE I MISSED ANY?	
	22. OTHER (specify)_____	14 ☐☐☐

8-3 DO YOU FEEL THAT IN THE LAST 12 MONTHS YOU NEEDED A PARTICULAR MEDICAL OR REHABILITATIVE SERVICE RELATED TO YOUR CONDITION?

	1. No. Go to Q. 8-7	17 ☐
	2. Ambulance service	18 ☐
	3. Artificial limbs	19 ☐
	4. Hospitalization	20 ☐
	5. Insurance coverage (OHIP, Blue Cross)	21 ☐
	6. Mobility aids (canes, wheelchairs, etc.)	22 ☐
	7. Health counselling	23 ☐
	8. Dental care	24 ☐
	9. Distress assistance	25 ☐
	10. Drugs	26 ☐
	11. Care at home (attendants)	27 ☐
	12. Family planning, birth control	28 ☐
	13. Diet or food counselling	29 ☐
	14. Tests (blood, urine, blood pressure, etc.)	30 ☐
	15. Genetic information or counselling	31 ☐
	16. Genito-urinary service, leg bag	32 ☐
	17. Hearing aids	33 ☐
	18. Nursing care at home	34 ☐
	19. OHIP information	35 ☐
	20. Orthopedic shoes	36 ☐
	21. Orthotic appliances	37 ☐
	22. Occupational Therapy	38 ☐
	23. Physiotherapy	39 ☐
	24. Sex counselling	40 ☐
	25. Speech therapy	41 ☐
	26. Medical care or consultation	42 ☐
	27. Other (specify)_____	43 ☐☐☐
	28. Other (specify)_____	46 ☐☐☐
	29. Other (specify)_____	49 ☐☐☐

8-4 DID YOU CONTACT THE SERVICES YOU JUST MENTIONED ABOUT GETTING ASSISTANCE? 52 ☐

1. No. Go to Q. 8-7
2. Yes. Ask Q. 8-5

8-5 DID YOU RECEIVE IT? 53 ☐

1. No. Ask Q. 8-6
2. Yes. Go to Q. 8-7
3. Received some services; didn't receive others. Ask Q. 8-6

8-6 CAN YOU TELL ME WHY YOU DIDN'T RECEIVE THE SERVICE? 54 ☐☐

01 I don't know the reason
02 I wasn't eligible
03 It wasn't what I needed
04 Too expensive
05 Too far – too inconvenient
06 Not a reliable or good service
07 Other (specify)_____

8-7 DO YOU FEEL YOU COULD NOW BENEFIT FROM MORE REGULAR HEALTH CARE, OR MEDICAL TREATMENT? 56 ☐

1. No
2. Yes (specify)_____ 57 ☐☐
3. Don't know

CARD 9 1 [0][9][ ][ ][ ][ ][ ][ ] 8

8-8 NOW LET'S TURN TO THE VARIOUS SOCIAL SERVICES. DURING THE LAST YEAR, DID YOU FEEL YOU NEEDED A PARTICULAR SOCIAL SERVICE RELATED TO YOUR CONDITION, SUCH AS; HOMEMAKERS, CHILD CARE, COUNSELLING, etc.

1. No. GO TO MODULE 09 9 ☐
2. Accommodation or housing 10 ☐
3. Advisory and advocacy groups 11 ☐
4. Equipment services (including repairs) aids, devices 12 ☐
5. Camps 13 ☐
6. Financial assistance 14 ☐
7. Counselling 15 ☐
8. Crisis intervention 16 ☐
9. Day care/nursery programs/parent relief 17 ☐

8-8

10. Vocational rehabilitation 18 ☐
11. Employment 19 ☐
12. Transportation 20 ☐
13. Social/recreational programs 21 ☐
14. Diet, nutrition services 22 ☐
15. Home care programs 23 ☐
16. Homemaker services 24 ☐
17. Meals-on-Wheels 25 ☐
18. Information and advice 26 ☐
19. Nursing homes, residences 27 ☐
20. Other (specify)_____ 28 ☐☐☐
21. Other (specify)_____ 31 ☐☐☐
22. Other (specify)_____ 34 ☐☐☐

8-9 DID YOU CONTACT THE SERVICE? 37 ☐

1. No. Go to Q. 8-12
2. Yes. Ask Q. 8-10

8-10 DID YOU RECEIVE IT? 38 ☐

1. No. Ask Q. 8-11
2. Yes. Go to Q. 8-12
3. Received some services, didn't receive others. Ask Q. 8-11

8-11 CAN YOU TELL ME WHY YOU DIDN'T RECEIVE THE SERVICE? 39 ☐☐

01 I don't know the reason
02 I wasn't eligible
03 It wasn't what I needed
04 Too expensive
05 Too far – too inconvenient
06 Not a reliable or good service
07 Other (specify)_____

INTERVIEWER: If the Respondent has mentioned some social and/or medical service, then ask the next question, Q. 8-12.

8-12 REGARDING THE VARIOUS MEDICAL AND SOCIAL SERVICES, WE'VE TALKED ABOUT, WHICH ORGANIZATIONS HAVE BEEN MORE HELPFUL TO YOU THAN OTHERS DURING THE LAST YEAR?

COULD YOU PLEASE TELL ME WHICH WERE THE –

Most helpful? (Probe names)

1. _____ 41 ☐☐
2. _____ 43 ☐☐
3. _____ 45 ☐☐

Least helpful? (Probe names)

1. _____ 47 ☐☐
2. _____ 49 ☐☐
3. _____ 51 ☐☐

Most needed, but not available? (Probe names)

1. _____ 53 ☐☐
2. _____ 55 ☐☐
3. _____ 57 ☐☐

MODULE 09 – LEISURE AND RECREATION

9-1 ARE THERE ANY LEISURE OR RECREATIONAL ACTIVITIES YOU WOULD LIKE TO DO, BUT CANNOT? 59 ☐

1. No. Go to Module 10
2. Yes. Ask Q. 9-2, 9-3

9-2 WHICH WOULD YOU MOST LIKE TO DO?

1. _____ 60 ☐☐
2. _____ 62 ☐☐
3. _____ 64 ☐☐

9-3 WHAT WOULD YOU SAY *MOST* LIMITS YOU FROM DOING THESE ACTIVITIES? 66 ☐☐

01 There is no opportunity to participate near my home

02 It costs too much to participate (including equipment costs)

03 The facilities or area to do it near my home are poor quality, inadequate, not challenging

04 The facilities near my home are too crowded

05

06 I am physically unable to participate

07 Not enough time – because of work(school)

08 Not enough time – because of responsibilities at home

09 Too dangerous

10 Other (specify)_____

MODULE 10 – TRANSPORTATION

EARLIER, WE ASKED YOU WHETHER YOU COULD GET INTO PARTICULAR BUILDINGS: NOW, WE WOULD LIKE TO ASK YOU WHETHER TRANSPORTATION TO THE BUILDING IS DIFFICULT.

10-1 FLASH CARD

WHICH BEST DESCRIBES HOW YOU CAN MAKE USE OF REGULAR *PUBLIC* BUS OR STREET CAR TRANSPORTATION? 68 ☐

1. Can't use at all. Physically unable
2. Must have human assistance getting to, onto, or off public transportation services
3. Must have assistance of a device or aid to get on or off
4. Don't need assistance, but have difficulty
5. No problems at all. Go to Q. 10-3
6. Not available in this community

10-2 FLASH CARD

WHAT MAKES IT DIFFICULT FOR YOU TO USE *PUBLIC* TRANSPORTATION SERVICES? 69 ☐☐

01 Getting to the service

02 Public transportation is poor/non-existent

03 Toilet needs

04 Availability of right service

05 Cost

06 Getting on and off (stairs)

07 Location of transportation services

08 Weather

09 Escalators

10 Other (specify)_____

10-3 FLASH CARD

WHICH BEST DESCRIBES HOW YOU CAN MAKE USE OF *PRIVATE* TRANSPORTATION, SUCH AS A CAR OR TAXI. 71 ☐

1. Can't use at all: Physically unable.
2. Must have human assistance getting in or out.
3. Must have the assistance of a device or aid to get in or out.
4. Don't need assistance, but have difficulty.
5. No problems at all.

10-4 FLASH CARD

DO YOU USE SPECIAL TRANSPORTATION SUCH AS VAN SERVICES OR WHEEL TRANS, AND IF SO WHICH DO YOU MOST OFTEN USE? 72 ☐

1 Can't use any: Physically unable.

2 Ambulance.

3 Can only use van services (parallel transportation or wheel-trans. services).

4 Able to use specially scheduled buses, if assisted.

5 No problems at all with any type of transportation.

6 Don't use any

7 Not available in this community

If the Respondent lives in Metro Toronto, ask Q. 10-5

10-5 FLASH CARD

WHICH BEST DESCRIBES HOW YOU MAKE USE OF THE SUBWAY? 73 ☐

1 Can't use: Physically unable.

2 Must have human assistance getting into, or getting out of the station.

3 Must have assistance of a device or aid to get on or off vehicle.

4 Don't need assistance, but have difficulty.

5 No problems at all.

10-6 WHICH TYPE OF ACTIVITY USUALLY PRESENTS THE MOST SERIOUS TRANSPORTATION PROBLEMS FOR YOU? 74 ☐

1 None

2 Social

3 Shopping

4 Medical care/treatment

5 Recreational

6 Work

7 School/Education

8 All

9 Other (specify)_____

CARD 10 ID No.

1	0						

MODULE 11 – ACCOMMODATION

11-1 INSTITUTION QUESTION ONLY

NAME OF INSTITUTION AND TYPE. 9 ☐☐☐

_____

INTERVIEWER: Refer to dwelling type picture card

11-2 THE RESPONDENT'S DWELLING TYPE – CIRCLE ANSWER – 12 ☐☐

01 – Single Detached, 02 – Single House Attached, 03 – Semi Detached,
04 – Row House, 05 – Duplex, 06 – Apartment, 07 – Mobile Home,
08 – Institution, 09 – OTHER.

11-3 HOW LONG HAVE YOU LIVED AT THIS ADDRESS?

☐☐ Months ☐☐ Years 14 ☐☐☐☐ M M Y Y

INTERVIEWER: If more than five years enter "O" in Q. 11-4

11-4 HOW MANY TIMES HAVE YOU MOVED DURING THE PAST FIVE YEARS? 18 ☐☐

☐☐ Times

If 'O', go to Q. 11-6: if not in an institution go to Q. 11-8.

11-5 GENERALLY SPEAKING, WHAT IS THE MAIN REASON FOR MOVING? 20 ☐☐

01 Can't afford rent
02 Treatment better elsewhere
03 Family moved
04 Better accommodation
05 Better access to services
06 Better access to employment
07 Better access to education
08 To be more independent
09 No special reason
10 Other (specify)_____

11-6 INSTITUTION QUESTION ONLY

COULD YOU PLEASE TELL ME THE REASON YOU ARE NOW LIVING HERE? 22 ☐

1 Need special help or care
2 Need special medical treatment
3 Can't live independently outside
4 My health is poor
5 My family can't care for me
6 Don't know
7 Other (specify)_____

11-7 INSTITUTION QUESTION ONLY

WHAT IS THE POSSIBILITY OF BEING DISCHARGED TO A PRIVATE HOME, APARTMENT, OR OTHER ACCOMMODATION? 23 ☐

1. Don't know
2. Not likely
3. Likely, if special services, accommodation, or equipment could be provided

4. Likely, without special care

5. Other (specify)_____

11-8 DELETE IF IN AN INSTITUTION

IS THIS A GOOD PLACE FOR YOU TO LIVE? 24 ☐

1. No Ask Q. 11-9

2. Yes. Go to Q. 11-11

11-9

WHAT TYPE OF ACCOMMODATION WOULD BE BETTER SUITED FOR YOU? 25 ☐☐

01 Better design/fewer physical barriers

02 Institutional care

03 Better location, more convenient

04 More private accommodation

05 Closer to friends

06 Less expensive

07 More space

08 Housing with support services

11-10

HAVE YOU APPLIED FOR SOME SPECIAL TYPE OF ACCOMMODATION, OR HAVE YOU AN OUTSTANDING APPLICATION FOR SOME SORT OF RESIDENTIAL CARE? 27 ☐

1. No

2. Yes (specify names) 28 ☐☐☐☐☐☐☐ 35

_____

36 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

_____

51 ☐☐☐☐☐☐☐

_____

11-11 DELETE IF IN AN INSTITUTION

HAVE YOU (OR HOUSEHOLDER) MADE ANY ALTERATIONS OR ADJUSTMENTS TO YOUR HOME THAT HELPED YOU MAKE FULLER USE OF THE HOUSE? 58 ☐

1. No. Ask Q. 11-12

2. Yes. Go to Q. 11-14

11-12

IS THERE ANY REASON WHY YOU HAVEN'T? 59 ☐☐

01 No special reason

02 No need

03 Cost factor

04 Non-availability of products/services

05 Don't know where to go for information

06 I rent this unit

07 Just a temporary residence

08 Other (specify)_____

11-13 ARE THERE ADJUSTMENTS OR ALTERATIONS YOU NOW NEED? 61 ☐

1. No. Go to Q. 12-1
2. Yes. Go to Q. 11-14

CARD 11 ID No.

11-14 DELETE IF IN AN INSTITUTION

COULD YOU PLEASE TELL ME WHAT THESE CHANGES ARE?

1. To staircases/steps 9 ☐
2. To ramps 10 ☐
3. To handrails 11 ☐
4. To thresholds 12 ☐
5. To windows 13 ☐
6. To doors 14 ☐
7. To internal walls 15 ☐
8. To floor finishes 16 ☐
9. To entrances 17 ☐
10. To kitchens 18 ☐
11. To living rooms 19 ☐
12. To dining rooms 20 ☐
13. To bedrooms 21 ☐
14. To bathrooms 22 ☐
15. To garage 23 ☐
16. To other rooms 24 ☐
17. To appliances or equipment 25 ☐
18. To special aids or devices 26 ☐
19. To other (specify)_____ 27 ☐☐☐
20. To other (specify)_____ 30 ☐☐☐
21 To other (specify)_____ 33 ☐☐☐

MODULE 12 – ATTITUDES

12-1 SOME PEOPLE FEEL THAT THE GENERAL PUBLIC DISCRIMINATES AGAINST THE DISABLED OR THE HANDICAPPED. HAVE YOU PERSONALLY EXPERIENCED ANY DISCRIMINATION RELATED TO YOUR CONDITION IN THE LAST TWELVE MONTHS? 36 ☐

1. NO. Go to Q. 12-3.
2. Yes. Ask Q. 12-2

12-2 COULD YOU DESCRIBE A "TYPICAL" SITUATION WHERE THIS OCCURRED?

_____

_____

_____

_____

_____

12-3 WHAT THINGS DO YOU FEEL THE GOVERNMENT COULD OR SHOULD DO TO HELP PEOPLE WHO ARE DISABLED AND, IN PARTICULAR, PEOPLE WHO HAVE YOUR CONDITION?

1. More legislation — 37 ☐
   Specify type _____
2. More or better information services — 38 ☐
   Specify type _____
3. More financial benefits — 39 ☐
   Specify _____
4. More services — 40 ☐
   Specify type _____
5. More PR and public education — 41 ☐
   Specify _____
6. Improve services — 42 ☐
   Specify how _____
7. Other (specify) _____ — 43 ☐☐☐
8. Other (specify) _____ — 46 ☐☐☐

12-4 WHAT DO YOU FEEL PRIVATE OR VOLUNTARY AGENCIES (LIKE THE MARCH OF DIMES) CAN DO TO BEST HELP PEOPLE WITH THESE PROBLEMS?

1. More advocacy — 49 ☐
   Specify type _____
2. More or better information on services — 50 ☐
   Specify type _____
3. Improve services — 51 ☐
   Specify how _____
4. More services — 52 ☐
   Specify which _____
5. Other (specify) _____ — 53 ☐☐☐
6. Other (specify) _____ — 56 ☐☐☐

13-1 CHILD ONLY / ADULT ONLY

HOW DO YOU THINK HAVING A CHILD LIKE_____(NAME)_____ WITH SPECIAL NEEDS HAS AFFECTED YOUR PERSONAL NEEDS? (OR) HOW DO YOU THINK YOUR CONDITION HAS AFFECTED YOUR IMMEDIATE FAMILY? 59 □□

01 No problem

02 Brought us together/improved life/more co-operation

03 Created family stress/fatigued/depression

04 Made us aware of others with problems

05 Created financial difficulties

06 Required special re-arrangements (such as vacations)

07 Other (specify)_____

If other children in family, ask:

13-2 DO YOU THINK HAVING A CHILD LIKE_____(NAME)_____ WITH SPECIAL NEEDS HAS AFFECTED YOUR OTHER CHILD/CHILDREN? 61 □□

01 No problem

02 Brought them together/improved relationship

03 Rivalry

04 Stress/tension

05 Better awareness of all family member needs

06 Created financial problems

07 Required special re-arrangements (such as vacations, camping)

08 Other (specify)_____

13-3 CHILD ONLY / ADULT ONLY

HOW DO YOU THINK HAVING A CHILD LIKE_____(NAME)_____ HAS AFFECTED YOUR RELATIONSHIP WITH YOUR SPOUSE? (OR) HOW DO YOU THINK YOUR CONDITION HAS AFFECTED YOUR RELATIONSHIP WITH YOUR SPOUSE? 63 □□

01 No problem

02 Brought us together

03 Stress/tension increased

04 Free time activity problems

05 Created financial problems

06 Required special arrangements, eg: vacations

07 Not married or living with anyone

08 Other (specify)_____

MODULE 14 – RESPONDENT FEEDBACK

14-1 I'VE ASKED YOU MANY QUESTIONS ABOUT YOURSELF. HOW THOROUGHLY DO YOU THINK THIS INTERVIEW ALLOWED YOU TO EXPLAIN YOUR SITUATION TO ME TODAY? 65 ☐

1. Completely
2. Somewhat – partially
3. Not at all

14-2 IS THERE ANY OTHER INFORMATION YOU'D LIKE TO ADD WHICH YOU FEEL WILL HELP US UNDERSTAND YOU BETTER? 66 ☐

1. No
2. Yes (specify) _____

_____

_____

_____

_____

IN THIS INTERVIEW WE HAVE ASKED YOU A NUMBER OF QUESTIONS ON DIFFERENT ASPECTS OF YOUR CURRENT SITUATION.

14-3 FLASH CARD COULD YOU NOW SUMMARIZE FOR ME ALL OF THESE ANSWERS BY DESCRIBING HOW YOUR LIFE IS AFFECTED BY YOUR CONDITION? 67 ☐

AT THE PRESENT TIME MY CONDITION CAUSES ME:

1. Very serious inconvenience
2. Moderate inconvenience
3. Very little inconvenience
4. No inconvenience

THANK YOU FOR YOUR TIME, YOU HAVE BEEN MOST HELPFUL, I JUST NEED A FEW MORE MINUTES THOUGH, TO CHECK THE ANSWERS.

AS I MENTIONED, ALL OF YOUR ANSWERS WILL BE HELD IN THE STRICTEST OF CONFIDENCE, AND I APPRECIATE YOUR HELP VERY MUCH.

FINALLY, IF SOMEONE SHOULD CALL YOU BACK AND ASK SOME OF THE SAME QUESTIONS AGAIN, IT'S JUST A CHECK TO MAKE SURE I'M DOING MY JOB, WE'RE *NOT* CHECKING UP ON YOU.

GOOD DAY/NIGHT

MODULE 15 – INTERVIEW FEEDBACK

15-1 WAS THE RESPONDENT 68 ☐

1. Very co-operative
2. Somewhat co-operative
3. Somewhat unco-operative
4. Very unco-operative

15-2 DID RESPONDENT SEEM 69 ☐

1. Alert
2. Slightly confused
3. Quite disoriented

15-3 WAS RESPONDENT'S SPEECH 70 ☐

1. Easy to understand
2. Somewhat difficult to understand
3. Very difficult to understand

15-4 DID THE RESPONDENT HAVE SIGNIFICANT DIFFICULTY IN UNDERSTANDING OR REPLYING TO YOUR QUESTIONS? 71 ☐

1. No
2. Speech or communication problems (including hearing)
3. Comprehension
4. Focus or inability to concentrate
5. Other (specify)_____

15-5 WERE THE RESPONDENT'S ANSWERS INFLUENCED BY ANY OTHER PERSON OR PERSONS PRESENT DURING THE INTERVIEW? (INCLUDE INTERPRETERS AND PROXIES) 72 ☐

1. No
2. Parent
3. Friend
4. Other relative
5. Interpreter
6. Other (specify)_____

15-6 RESPONDENT'S DEPENDENCE ON OTHERS FOR INTERVIEW WAS 73 ☐

1. Extensive
2. Moderate
3. Not at all

15-7 ANY COMMENT? 74 ☐☐☐

_____ 76 ☐☐☐

_____ 78 ☐☐☐

_____

APPENDIX iv

Interviewer Instructions and Coding Directions for the "Ontario Health Survey of Special Populations" Questionnaire.

THE ONTARIO HEALTH SURVEY OF SPECIAL POPULATIONS

Interviewer Instructions and Coding Directions

Introduction:

This is your copy of the Interviewer's Manual and coding instructions for the *Ontario Health Survey of Special Populations.* If read and studied along with a copy of the survey questionnaire it will assist you in conducting complete and accurate interviews.

This province wide survey has been commissioned by the Ontario Government's Ministry of Health and a group of private agencies. The purpose of the Ontario Health Survey is to develop an understanding of the needs of the physically handicapped in Ontario. The results will contribute to the Government's information data base, necessary for effective future policies and programs for the physically handicapped population.

The Ontario Health Survey of Special Populations is an important study for both the government and for Market Perspectives Inc. Your understanding and knowledge of the contents of this document and of the actual questionnaire are essential to the successful completion of the survey. This is above all, *not* a mere survey on consumer products or tastes. You will be dealing with many people who may be highly sensitive about their physical condition and have to ask these people intensely personal questions. Accordingly, a high degree of empathy, compassion, and understanding is required of you.

Although the questionnaire is several pages long, it is not complicated and is very straight forward. Carry the instructions with you for each interview for any possible questions. But because very few people will have to answer every question, your understanding of the directions is necessary to guide you accurately from section to section and to keep the interview time to our expected one hour or less. If there are any difficulties or problems with the interview, report them immediately to your supervisor.

No matter how much planning and work we do, the ultimate success of the study rests on you, the interviewer. This survey will require you to be alert and quick thinking. You will be representing our company and our client – The Ontario Government – and will be expected to conduct the interviews in an efficient, polite and sensitive manner. You will be interviewing people from all walks of life, and based on the Pilot Phase of this project you will find this interview process to be highly rewarding, sometimes frustrating, and in the last analysis, a truly educating experience.

Interview Instructions:

Before you are given your interview assignments, the supervisor will have already ascertained by phone who is handicapped and the nature of their disability and will have received permission for an interview. NOTE! It is up to you to then call the person to arrange a convenient time for the interview, a time convenient to them! !

In cases where the respondent is a child (under 16), the parent or guardian must be spoken with and if you discover a speech or hearing problem, an intermediary must be used. Bring this to the attention of your supervisor who will arrange the necessary proxies or interpreters.

If there is more than one person in the residence with a physical or health problem, *separate* interviews must be arranged. If you find that the person may be retarded or their

mental health too poor to understand the question in the questionnaire, discreetly end the interview saying that you might like to ask further questions at a later date. After leaving, call your supervisor to determine whether another interview attempt is warranted. Naturally any refusals to be interviewed should be reported to your supervisor.

Setting Up The Appointment

In this study you will be interviewing male and female adults as well as children 12 years of age and over. Since many of the selected respondents may be working during the day time, or at school, your calls to set up the interviews will be at different times of the day.

Should you set up an appointment and find the respondent not at home, then you must re-establish contact. This is why appointments should not be made too far in advance. If this is the case, a quick reminder telephone call one day in advance must be done. The respondent should be told that the interview will last about one hour.

Callbacks

For most people you should use the telephone as much as possible in order to set up appointments. Where a person is deaf or hard of hearing you may still contact their home and make the appointment through another family or household member. Should they not have a telephone, then you must arrange the interview in person. This may mean that you will have to go back to the home of the person up to a maximum of two times.

Refusals

If by any chance you are greeted with a refusal, remember one thing: be polite! Try to establish the reason for the refusal. If your diplomacy fails, inform your supervisor as soon as possible.

When you enter a house introduce yourself to the respondent. If they request, hand them your I.D. and have them read the Government identification letter so they fully understand the reason for conducting the study. Once you've done this, you are ready to begin the interview.

Scheduling Your Work, Interview Instructions, and Coding

Plan your work in advance so that you will complete as many interviews as possible when you are in the field. Make maximum use of the hours that you are out interviewing. Once the interview questions are over, tell the respondent you will need another five minutes or so to confirm that each question has been answered. DO NOT HURRY. An ongoing ten percent of all respondents will be called back and each will be asked if you took the time to review the answers.

It is absolutely critical that the coding be completed immediately after the interview while your memory is fresh. At the very worst complete the coding on the same day as the interview. Since the information from the interview will eventually be keypunched for computer analysis, an improperly coded questionnaire or one which is only partially coded is useless to us. Accurately collecting the information and coding it properly is therefore essential.

Some of the questions in the questionnaire will have an outline box surrounding the question number with the words FLASH CARD inside the box. When you come to a FLASH CARD box question, show the respondent the appropriate flash card. Other cue boxes throughout the questionnaire corresponding to various questions are self-explanatory, such as – adult only, child only, institution only.

Regarding blind respondents: In most cases you will know when you telephone to set the appointment whether a person is blind. If so, ask if they can read braille. If they can read braille, then use the braille flash cards. If they cannot read braille, repeat the answer at least twice.

Before asking a question with a flash card box beside it, hand the appropriate flash card to the respondent, "Please look at these possible answers to the next question" then read the question *and* the answers. After the respondent answers, place the card back at the bottom of the flash card deck. Before you start the interview make certain the flash cards are organized in numerical order to avoid unnecessary shuffling.

If the respondent is less than twelve years old, the parent or guardian must answer but the child can be present. If the respondent is between twelve and sixteen years he or she may elect to respond but the parent or guardian must be present.

If the respondent is deaf and uses sign language, an interpreter must be arranged. Your supervisor will arrange the hiring of interpreters for languages other than English, and please note that where a parent, guardian, interpreter, or proxy assist in the interview, we want the *respondent's* answers and opinions and not those of the person assisting. Finally, by way of a general instruction for all answers to all questions in the questionnaire, you must circle each answer and code the answer. This will minimize coding errors.

MODULE 01 – INTRODUCTION TO THE SURVEY

Q. 1-1 Do not probe the respondent on this question. Many respondents will answer no. Should particular questions be asked, simply jot down the type of question in the space provided.

MODULE 02 – BASIC INFORMATION

Q. 2-1 Do not ask this question. Simply code 1 for male, 2 for female.

Q. 2-2 Make sure you have the exact date of birth of the respondent. Should the respondent not be able to recall his/her birth date, attempt to estimate the year of birth. In the first two coding boxes provided, indicated by the initials DD, put the day. Thus if the person was born on the 6th day of the month you would code 06. Similarly, put the month and then the last two digits of the year.

Q. 2-3 Please be sure to differentiate between those never married and those formerly married.

Q. 2-4 Relationship to Head of Household. Head of household means wage earner. Thus we are interested in the respondent's familiar relationship to the main wage earner. For example if the respondent is a child we are interested in the relationship of the child to the Head of the Household, not that of the person who is answering in place of the child. Assuming the child is the son or daughter of the head of the Household, you would code 03 if the child was male, or 04 if the child was female. If both adults are working then the choice is the respondents. At times people refuse to answer this question – do not insist. If the respondent is living alone, code 25.

Q. 2-5 Have the respondent name the other household members. Then obtain the relationship of these to the respondent, their ages, and whether or not they are physically impaired. For each household member code in one of the sets of 5 boxes as follows:

a) In the first two boxes code the relationship using the same categories as the question. These are boxes 21 and 22 for the first household member.

b) In the next two boxes write the household members' age (boxes 23 and 24 for the first household member).

c) In the fifth box code if the household member is impaired or not (1 for *not* impaired, 2 for impaired). This is box 25 for the first household member.

Please note that if the respondent mentions that there are members of the household who are currently living elsewhere, such as at a university or institution, verify whether the permanent address of these individuals is the same as the respondent's. If so then these are considered regular household members.

Q 2-6 2-7 This question refers to the language usually spoken in this residence. For infants, please use the language most often spoken in the home. Those unable to speak (the deaf) should use reading and writing ability in language preferred. In situations where a respondent claims to speak two languages equally, ask him or her which they prefer to use at home. Code as:

01. English
02. French
03. Arabic
04. Baltic – Slavik – Finnougrish – Finnish – Estonian
05. Chinese
06. Czech/Slovak
07. German
08. Greek
09. Indo-Pakistani
10. Innuit
11. Italian
12. Japanese
13. Hungarian
14. Native Indian
15. Netherlandic – Dutch
16. Polish
17. Portuguese
18. Romanian
19. Russian
20. Scandinavian
21. Spanish
22. Ukranian
23. Yiddish/Hebrew
24. Yugoslavian
25. Others

Q. 2-8 Code as: (01-12 Canada; 13-99 Other)

01. British Columbia
02. Alberta
03. Saskatchewan
04. Manitoba
05. Ontario
06. Quebec
07 Newfoundland
08. Nova Scotia
09. New Brunswick
10. Prince Edward Island
11. Northwest Territories
12. Yukon
13. U.S.A.
14. British Isles
15. Europe (West)
16. Europe (East)
17. West Indies
18. Middle East
19. South America
20. Africa
21. Far East
22. Australia/New Zealand
23. Other.

Q. 2-9 Where a respondent has difficulty recalling the exact grade, please ask them to estimate what grade they think they completed. If the respondent is from an educational system different from ours or an educational system which did not use grades, then ask the respondent for the number of years they attended the school. Then you must estimate the appropriate category based on those we have provided. (03 1-5 years; 04 5-8 years; 05 9-11 years)

Q. 2-10 Record the actual degrees, diplomas, certificates, and courses that have been begun, completed, or are currently in progress. For each degree, put the degree code in the first two boxes (boxes 11 and 12 for the first degree) and the status in the third box (box 11 for the first degree). The degree codes are as follows:

01. BA
02. BSC
03. B. Comm.
04. B. Eng.
19. Other Baccalaureate Degree
20. MA
21. MSC
22. Other Masters Degree
30. Ph. D.
31. Other Doctoral Degree
40. Law
50. Technical or Trade School Certificate/Diploma
60. Science Certificate/Diploma (Community College)
70. Arts or Commerce Certificate/Diploma (Comm. College)
80. Vocational Rehab. Programs
90. Other types of courses.

MODULE 03 – DISABILITY CLASSIFICATION

Q. 3-1 Ask the respondent to use their own preferred term for people with physical problems. Throughout the survey this word may be substituted for words such as "your condition" or "your situation".

Q. 3-2 This question is extremely important. Where necessary, the respondent should be encouraged to be as exact as possible. For example, if a person says their main problem is that they cannot walk, then inquire as to the cause of the difficulty. If the respondent says, "Because I am paralyzed," then write in "legs paralyzed". Try to use the exact expression or term for the condition that the respondent provides. Then code the answer from the list below. You can write up to four conditions or physical problems per respondent. The following are the code words that you will use:

01. LEGS
02. FEET
03. ARMS
04. HANDS/FINGERS
05. SIGHT
06. HEARING
07. SPEECH
08. VISCERAL (internal problems dealing with bowel, bladder, digestion, etc.)
09. ENDURANCE (cannot do normal activities for any long period of time, but have visible physical impairments)
10. BALANCE (same as above, but refers to standing)
11. PAIN (unspecified, such as "back" or "leg" pain)
12. OTHER
13. HEAD/NECK
14. BONES/CARTILAGE

15. SPINE/DISC (tumor)
16. ALLERGIES
17. HEART/LUNGS
18. KIDNEYS (other organs)
19. NEUROLOGICAL/NERVES
20. BLOOD/VEINS

Please remember to write in the exact words of the respondent so that, if we have to re-code or re-classify these words, we will have the condition as described by the respondent.

Q. 3-3 Here the respondent is asked to state the medical term for their condition. If the respondent has already told you, there is no need to ask again. However, where the respondent's condition or problem has been described as above, the you should probe in question 3-3 as to the extra medical term. Again, the exact words of the respondent must be recorded. Up to four conditions can be written in.

Q. 3-4 Each condition of Q. 3-3 can have up to two causes recorded. For example, if condition 1 was a result of an illness at birth, you would code 21 in the boxes. If the condition was a result of an unknown cause of illness, you can code 92. It there was only one cause for the condition, simply put into the *first* box the number that most closely represents the reason for the condition. It may be necessary to remind the respondent of each of the conditions that he or she may have mentioned in question 3-2.

Q. 3-5 If the respondent has been disabled for less than one year, code 99. If the respondent does not answer or cannot remember how long they have been disabled, code 00. Otherwise, record the number of years in the two boxes provided. For example, two years would be coded as 02.

Q. 3-6 At the conclusion of question 3-5, if the respondent has stated that they have a hearing problem or if you know in advance that they are deaf or hard of hearing, then ask question 3-6 to question 3-12. If you suspect that the person has hearing difficulties, then ask the questions as well. This is a flash card question.

If the respondent does not have a hearing problem, code '5' in box 48 then proceed to question 3-13 if they are blind, or question 3-17 if they have a speech problem. Where the respondent does not have a hearing, sight, or speech problem, proceed to Module 04.

Q. 3-10 Please be sure to note that some people don't have these devices, nor do they need them. This would be category three on your coding. You must also establish which devices the respondent has, and then which devices they also feel they need.

Q. 3-12 As the conclusion of question 3-12 if the respondent is blind or if you suspect that they have sight problems, then ask questions 3-13 to 3-16.

Q. 3-13 Certified legally blind means registered with the CNIB. All other cases are *not* certified.

Q. 3-16 There are two questions to be asked. First establish the mobility assistance most often used, then ask the one most needed. Again, be aware of those who don't use any mobility assistance nor do they have any need of it. This is code 3 on your question.

Q. 3-17 If the respondent has a speech problem or has reported a speech problem, or if you detect a speech problem, then ask questions 3-17 and 3-18. However, if you can determine the type of speech problem, simply code the appropriate box in 3-17 and do not ask question 3-17.

MODULE 04 – NEEDS PRIORIZATION

Q. 4-1 Please read each need area individually to the respondent. Record any other needs mentioned.

MODULE 05 – PERSONAL NEEDS/AIDS

Q. 5-1 This is an extremely important section of the interview. You must be very careful to ask only those questions which are applicable to the respondent. Where a respondent is obviously able to do certain things, as in the case of someone who may be hard of hearing, you needn't ask for example, "Can you feed yourself"?, but simply indicate category 1 (I can do it by myself)

Wherever you see (Adult only) do not ask children those questions and code in no. 2, Not Applicable. Similarly code 1 for adults where you see (children only). Where the respondent is an infant (less than 4 years of age), code no. 2 for each of the 28 answers to question 5-1.

People who have serious functional problems in using their hands, walking, ability to move about easily and freely, will obviously be the group to which most of these questions would be appropriate. Please remember that we do not want to embarass or insult the individual. Do not ask those questions which do not apply to the respondent. For example, where a person can function normally or do an activity without any aid or assistance, then simply code in no. 1; No Difficulty.

Another important point is that while all of us may not like to do some specific task, such as cooking, it may be something which all of us are physically able to do. Similarly, many people do not always feed or dress their children, *but* if they needed to or wanted to, could they? Therefore you must differentiate between whether or not a person can do these things because of a physical or health problem. Each of the coding categories is summarized below:

Code 1 = *Not applicable* as noted earlier with children and adult questions. It is also used in situations that refer to a wheelchair where an individual does not use one, or to activities involving servicing children where people do not have children.

Code 2 = *I can do it myself without any difficulty and without any assistance from people or devices.* This refers to an individual who may have a physical impairment but it does not interfere with this activity. This code would also be used for those people who have a physical impairment but it is totally unrelated to the activity.

Code 3 = *I can sometimes do it by myself.* This will refer to individuals who, depending on the situation, can sometimes do the activity. For example, a person who can't use one hand to do an activity may be able to use the other hand. It also describes those people who in their own home may be able to do something because of special devices but may not be able to in another home.

Code 4 = *I can do it if someone helps me.* This refers to human assistance.

Code 5 = *I can do it with an aid or device.* This includes any form of aid or device and it should be probed very carefully so as to differentiate from code 2 or 3.

Code 6 = *I think I can do it; others are doing it for me now.* This relates to people who do not do the activity right now because the service is provided.

Code 7 = *I don't know how but I can learn.* This is for individuals who express inability in doing something but only because of not having had the opportunity to learn it.

Code 8 = *I cannot do it at all, even if I wanted to.* This is for the individual who does not feel or think they can do the activity.

Code 9 is only for using the telephone.

Code 10 relates only to the question dealing with moving in a manual wheelchair.

Q 5-2 In this question we are now asking the respondent to rank the importance of each of these activity areas. You would only ask those activities which you have already asked the respondent in 5-1. "Importance" in this question is defined as *how necessary is the task to the person for them to be independent.*

Q. 5-3 In box 41 code either No, 1 or Yes, 2. If you have code 2, Yes, then specify up to 3 devices. Code any device mentioned by the number of the specific Activity in Q. 5-1. For instance, in 5-1, Driving a Car, is Activity number 7. Therefore if the respondent said they needed a device such as hand controls to drive a car, then enter 07 in boxes 39 and 40. Similarly, if a person uses a device or assistance for Getting In or Out of Bed (Activity # 10) code a 10 in boxes 39 and 40. You can code up to 3 activity numbers.

MODULE 06 – MOBILITY AND ACCESS

Q. 6-1 This question determines whether the respondent has any difficulties whatsoever in entering any type of building in the community. If the respondent has no difficulty, go to the next module. If they have some difficulty, ask the rest of the module.

Q. 6-2 Code 1 as No and 2 as Yes for each problem area.

Q. 6-4
6-5
6-6 Ask the respondent for the most accurate answer or the answer that best reflects their situation. We only want one answer per question. For people without any difficulties, code appropriately.

MODULE 07 – EDUCATION, EMPLOYMENT AND INCOME

Q. 7-1 Based upon the response to this question you are instructed to follow the directions under the question and advance to the appropriate section. For example, a homemaker who works part time would be asked about employment, education, and income. A homemaker who did not work part time outside the home would only be asked education and income. In Q. 7-1 for the homemaker who worked full time, you would have coded 2 in box 12 and 5 in box 13.

Q. 7-4 Here we are interested in learning the exact course of study the respondent might like to take, such as accounting, auto mechanics or bookkeeping. We are also interested in learning the location of the school where the respondent would like to pursue this particular course of study, e.g.: University of Toronto, Scarborough College Campus, Scarborough Ontario. Make sure you get answers to both parts of this question.

Identify up to two places of preferred study. Four spaces are provided for each one. In the first two spaces code the kind of education using the codes from 2-10 (back on Page 7). Only use code 90 if none of the others are at all applicable. However, mark as clearly as you can the exact content area. Thus, in the first two columns you would mark the subject code and in the second two columns you would indicate the place of study as the nearest city or town using the codes described below.

01.	Ottawa	17.	London
02.	Cornwall	18.	Owen Sound
03.	Kingston	19.	Sarnia
04.	Brockville	20.	Chatham
05.	Oshawa	21.	Windsor
06.	Metro Toronto	51.	North Bay
07.	Richmond Hill	52.	Sudbury
08.	Peterborough	53.	Kirkland Lake

09.	Barrie	54.	New Liskeard/ Haileybury/Cobalt
10.	Hamilton	55.	Timmins
11.	Niagara Falls	56.	Sault Ste. Marie
12.	Kitchener-Waterloo	57.	Thunder Bay
13.	Cambridge	58.	Kenora
14.	Guelph	59.	Outside Ontario but in Canada
15.	Brantford	60.	Outside Canada
16.	Woodstock		

Therefore, 0308 would mean the respondent wanted to get a B. Comm Degree (03) while attending school in Peterborough (08).

Q. 7-6 In this question the parent or guardian may not know the specific type of improvement desired, but may attempt to articulate the problem. Try to fit their comments into one of the answer categories.

Q. 7-7 This question asks how long they have been employed during their career, even if they are presently unemployed, on vacation, or on strike.

Q. 7-10 Describe the type of work using the phrase or phrases used by the respondent. If a phrase does not seem to fit any of the categories provided please leave this and notify your supervisor.

Q. 7-12 When asking why a person may be limited in searching for or in obtaining employment, you must decide whether the reason given is related to the respondent's handicap or whether it really relates to the general prevailing economic conditions.

Q. 7-26
7-27 The Income questions tend to be a sensitive matter. Therefore, the flash cards should be given once again immediately before the question is asked. The emphasis should be placed on the fact that the individual does not have to state the exact amount, but rather indicate a number beside the amount which most approximates their total income before taxes. In the case of a respondent under 16 skip question 7-26 and only ask question 7-27 which deals with family income. In question 7-27 you must only record additional income. You must *not* include in this the income already mentioned in 7-26.

Q. 7-28 Read each category to the respondent. Code 1 if no and 2 if yes.

Q. 7-29 This asks the respondent to speak about the impact of their disability in terms of additional expenses. We are not interested in recording areas which are currently being subsidized in one way or another. We are only interested in those areas which for one reason or another, are not covered by any insurance policy, government program, private agency, or other source.

MODULE 08 – COMMUNITY SUPPORT SERVICES

Q. 8-1 In this question you must make sure that the respondent understands that you are asking whether or not they feel they are aware of the full range of services that have been established by agencies or governments, to help people with disabling conditions. You may need to probe. Use examples from Q. 8-2.

Q. 8-2 Ask each type of service and code 1 for no, 2 for yes.

Q. 8-3 The respondent may need to be directed or probed if they do not understand what is meant by a medical or rehabilitative service. If this is the case explain that medical or rehabilitative service means treatment or medical services for their particular condition at a hospital, clinic, or by a professional. The respondent may list as many types of services which they felt they needed during the last year. Code 1 for no, 2 for yes.

Q. 8-4 Remind the respondent of services they have already mentioned in question 8-3 if they do not recall.

Q. 8-6 Probe for the answer and try to code in one of the categories already listed.

Q. 8-7 More regular means that the respondent is now receiving treatment. Where he or she is not, the question means any treatment that he or she feels is necessary. If yes (specify) Code as in Q. 8-3.

Q. 8-8 The general term social services may have to be explained. A social service can be described as a service which helps the individual deal with personal problems or problems of their situation through direct help such as counselling, housing, financial assistance, employment services, etc. Ask about each kind of service. Code 1 for no and 2 for yes.

Q. 8-11 Probe as in question 8-6.

Q. 8-12 In listing the services make sure they are as exact as possible. Probe for the exact name and location. In this question we are interested in learning about those services which the respondent feels were most helpful, least helpful, and most needed but not available. The issue here is to help the respondent report the names of the services. In the event that the exact service name cannot be recalled then have the respondent indicate the nature or type of service and location. Space has been provided for up to three names in each of the categories. Do *not* code this question.

MODULE 09 – LEISURE AND RECREATION

Q. 9-1 If the respondent answers "I don't know", ask him or her to think of their free time and whether they ever feel there are things they'd like to do. Only a "yes" answer would mean you ask Q. 9-2, 9-3.

Q. 9-2 The exact activity is required. For example, "swimming" may imply lessons, at the beach, indoor pool, and so on. Please have the respondent spell out the exact nature of their activity choices. A code sheet is provided at the *end* of this document.

MODULE 10 – TRANSPORTATION

Q. 10-1
10-2
10-3
10-4 These four questions seek to identify the level of ability of the respondent to use different transportation systems. We are interested in whether the respondent *could* use these modes. Thus, if the service is not used, this must be because of a problem and not because of a matter of choice. That is if they *had to,* could they use the service. We are only looking for one answer to each of the questions.

MODULE 11 – ACCOMMODATION

Q. 11-1 This should be coded before the interview begins.

Q. 11-2 You are required to fill this in yourself. It is not necessary to ask the respondent. Select the code beside the picture which most resembles the type of home of the respondent.

Q. 11-4 If 0 times, Code 99 in boxes 18-19.

Q. 11-10 Try to ascertain a specific name of an institution or setting if an application has been made. Code 1 for no and 2 for yes in the box provided. If yes, print the name of the organization in the other boxes.

Q. 11-14 The respondent should be probed as to the exact types of alterations or adjustments needed in their home. Code 1 for no *need* and 2 for a *need.* Code as many as the respondent mentions.

MODULE 12 – ATTITUDES

Q. 12-2 If a typical situation is given simply record it in the words of the respondent. There are no coding arrangements for this question.

Q. 12-3
12-4 Emphasize to the respondent that the more exact they can be, the easier it will be for us to understand the *most* important things that they feel should be done. However, code 1 for no, and 2 for yes in each of the specified categories.

MODULE 13 – FAMILY FEEDBACK

Q. 13-1 Two questions are provided here. You would ask the appropriate one given the age of respondent. Thus, if it was a child that was the respondent you would simply ask the first question of the parent. If the respondent is also the handicapped individual, you would ask the second part of the question assuming that they were over 16 years. In this module we are looking for the one area of affect. If the respondent answers more than one, only code the first.

Q. 13-3 As Q. 13-1.

MODULE 14 – RESPONDENT FEEDBACK

This section allows the respondent to tell you how the interview went.

Q. 14-2 Put yes or no response in box 66.

FINALLY . . . .

Before leaving, tell the respondent you need to make a quick check of the questionnaire to ensure each question was answered. DO NOT HURRY. Confirm the answers as complete and clear.

After the conclusion of the interview thank the respondent for the time they have given. Emphasize that the information they have provided is confidential. Emphasize that they have greatly assisted us in our efforts to collect reliable information on people with various types of physical problems. When you leave the respondent's home and return to your home, the office, or your car, you should then spend some time in going over the interview and checking your coding. You should also fill out the next section called Interviewer Feedback only *after* you leave the respondent.

Where there are answers which are not codeable because of complexity or difficulty (no matter how small) you must bring this to your supervisor's attention as soon as possible. Unless this information is coded properly it is of no value to this research project. You must make sure that the exact codings provided for you in this manual have been used. Where for some reason the category is not appropriate do not guess, but bring it to the attention of your field super-

visor. Make sure that all identification numbers have been included in the appropriate boxes for each card number.

You may run into a situation where the respondent refuses or can't remember the answer to some question. In all cases you must code these non responses and refusals as 0 or 00 in the appropriate boxes.

RPH-1
Q. 9-2

RECREATIONAL AND LEISURE CODE SHEET

Recreational and Sports	01.	TEAM SPORTS, hockey, football, volleyball
	02.	WINTER SPORTS, skiing, skating, snowmobiling
	03.	ALL WATER SPORTS & ACTIVITIES – not requiring equipment
	04.	ALL WATER SPORTS & ACTIVITIES – requiring equipment
	05.	RAQUET SPORTS
	06.	TRACK & FIELD
	07.	BOXING, WRESTLING, JUDO, etc.
	08.	EXERCISING, JOGGING, YOGA, etc.
	09.	HIKING, TREKKING, NATURE OUTING, etc.
	10.	CAMPING, COTTAGE VISITS, etc.
	11.	HUNTING
	12.	RECREATIONAL DRIVING
	13.	COMPETITIVE DRIVING
	14.	OUTINGS TO ZOO, FAIR, MUSEUM, SIGHTSEEING, TOURING, etc.
	15.	SPECTATOR SPORTS
	16.	OTHER RECREATIONAL ACTIVITIES OR SPORTS
Arts and Crafts	17.	THEATRICAL ARTS, e.g. singing, dancing, playing an instrument
	18.	PLASTIC ARTS, e.g. painting, sculpture, pottery
	19.	PHOTOGRAPHY
	20.	COLLECTING STAMPS, COINS, etc.
	21.	GARDENING
	22.	HOME IMPROVEMENT, DECORATING
	23.	WEAVING, KNITTING, SEWING
	24.	CARPENTRY
	25.	COOKING, BAKING
	26.	OTHER ARTS, CRAFTS, OR HOBBIES
	27.	ENJOYING AUDIO/VISUAL ENTERTAINMENT e.g. tv., radios, records
Leisure and Social Activities	28.	READING MAGAZINES, BOOKS, etc.
	29.	GOING TO FILM, CONCERT OR THEATRE
	30.	INFORMAL SOCIAL ACTIVITIES, e.g.
	31.	COMMUNITY/SERVICE ACTIVITIES, POLITICAL ORGANIZATION, YOUTH CLUBS, ETHNIC CLUBS, CHURCH WORK, SERVICE CLUBS, etc.
	32.	OTHER LEISURE & SOCIAL ACTIVITIES

CODING FOR Q. 3-2

01 Head/Neck

02 Spine/Trunk

03 Legs

04 Arms

05 Hands

06 Musculoskeletal – Multiple Involvement

07 Sight – Eyes

08 Hearing – Ears

09 Speech

10 Balance

11 Endurance

12 Pain

13 Internal Organs – Kidneys, Stomach, Bowel, Liver, Spleen, Bladder, Pancreas

14 Heart/Lungs – Respiratory

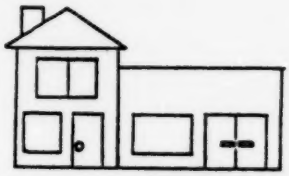
15 Peripheral Vascular System (other than heart problems) including circulation and blood problems

16 Skin

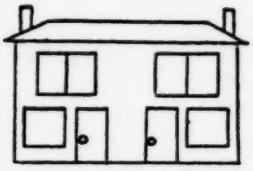
17 Other

01.

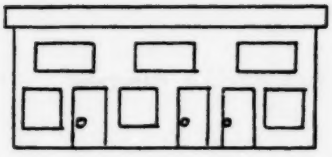
Single house
A structure with one dwelling only, separated by open space from all other structures, except its own garage or shed.

02. 

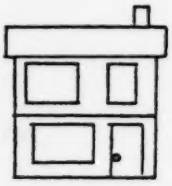
Single house attached
A single house attached to another non-residential structure (such as a store, etc.), but separated from it by a wall extending from ground to roof.

03. 

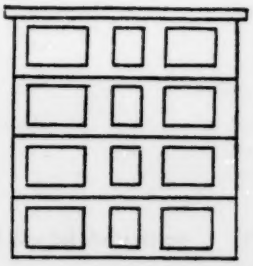
Semi-detached or double house
A dwelling joined to only one other dwelling, separated from it by a wall extending from ground to roof, i.e. one of two attached dwellings separated by open space from all other structures.

04. 

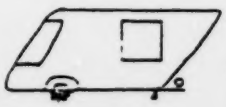
Row house
Each dwelling unit in a row of three or more dwellings separated from each other by walls extending from ground to roof. "Town houses", "garden homes", "maisonettes", etc. are considered row houses.

05. 

Duplex
One of two dwellings, one on top of the other, but not joined to any other building. Include dwellings built as "single", but in which the basement or upper storey has been converted to form a structurally separate apartment with its own entrance.

06. 

Apartment
An apartment in an apartment building or in a house that has been converted into apartments. This includes dwelling types such as triplex; quadruplex, etc., or apartment(s) in a non-residential building such as a school, or over a store.

07. 

Mobile dwelling
A mobile home of any kind, such as a trailer, a houseboat, etc., used as a permanent home. If the trailer has been placed on a permanent foundation, mark "Single house".

08. *Other* – Describe